

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

AND  
FILED

01 AUG -2 PM 12:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N97000004629

Corporation Name

Sport Horse Owners and  
Breeder's Association Inc

2. Principal Office Address

1309 Manor House Dr

Suite, Apt. #, etc.

3. Mailing Office Address

PMB 241, 6753 Thomasville Rd

Suite, Apt. #, etc.

Suite 108

City & State

Tallahassee, FL

City & State

Tallahassee FL

Zip

32312

Country

Leon

Zip

32312

Country

Leon

REINSTATEMENT 00-01

4. Date Incorporated or Qualified  
To Do Business in Florida

1997

SP

5. FEI Number

59-3462304

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Cheryl M Frank

Street Address (P.O. Box Number is Not Acceptable)

1309 Manor House Dr

Suite, Apt. #, Etc.

City

Tallahassee

State  
FL

Zip Code

32312

700004527607-1

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\*\*\*\*612.50 \*\*\*\*300.25

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

Date

8/2/01

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Director	Maggie Sjoberg	Abbey Rd, Box 284	Ila GA 30647
Dir	Patricia K Blanton	4601 Killimore Lane	Tallahassee FL 32308
Dir	Cheryl M Frank	1309 Manor House Dr	Tallahassee FL 32312

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cheryl M. Frank

Date

8/2/01

Daytime Phone #

893 8532

CR2E081 (9/00)