

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 FEB -7 PM 4:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N98000000546**

1. Corporation Name

SUNCOAST CUTTING HORSE ASSOCIATION, INC

2. Principal Office Address

SUNCOAST CNA

3. Mailing Office Address

3633 PEPPER LANE

Suite, Apt. #, etc.

SUNCOAST CNA

Suite, Apt. #, etc.

3633 PEPPER LANE

City & State

New Smyrna Bch, FL. New Smyrna Bch, FL.

Zip **32168**

Country **US**

Zip **32168**

Country **US**

REINSTATEMENT 99-00

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/1/98

5. FEI Number

59-3439918

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

Ann Marie Schwab

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

3660 Pepper Lane

Suite, Apt. #, Etc.

New Smyrna Beach, FL. 32168

City

**State
FL**

Zip Code

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**

Ann Marie Schwab

REGISTERED AGENT MUST SIGN

Date 1-31-2000

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
PRES	ANN MARIE SCHWAB	3660 PEPPER LANE	NEW SMYRNA BCH, FL. 32168
V. PRES	CHUCK LOVE	P.O. BOX 849	JUPITER FL. 33468
DIRECTOR	MARILYN WEMINGER	3585E WESTCOVE CT.	DUNNELLON, FL. 34434
DIRECTOR	TEO SOKOL	3633 PEPPER LANE	NEW SMYRNA BCH, FL. 32168
DIRECTOR	RORY EVANS	621 DUNMAR CIRCLE	WINTER SPRINGS, FL. 32788

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:

Ann Marie Schwab

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-31-2000

Daytime Phone #

ANN MARIE SCHWAB 904-426-6088