

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 NOV -3 AM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000005106

1. Corporation Name

EQUINE CHALLENGERS, INC.

Principal Place of Business

Mailing Address

935 BAY STREET
NEW SMYRNA BEACH FL 32168

935 BAY STREET
NEW SMYRNA BEACH FL 32168



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

07/10/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

5. FEI Number 59-3465410

APPLIED FOR

Applied For

Not Applicable

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

| 1. Title(s) | 2. Name of Officers and/or Directors | 3. Street Address of Each Officer and/or Director | 4. City / State / Zip |
|-------------|--------------------------------------|---|---------------------------|
| DP | BENISHEK, LOUIS | 935 BAY STREET Drive | NEW SMYRNA BEACH FL 32168 |
| DST | BENISHEK, ROBIN | 935 BAY STREET Drive | NEW SMYRNA BEACH FL 32168 |
| D | FLAGERTY, SHERRY | 935 BAY STREET Drive | NEW SMYRNA BEACH FL 32168 |
| | | | |
| | | | 600003046286--9 |
| | | | -11716799--01093--007 |
| | | | *****61.25 *****61.25 |
| | | | |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BENISHEK, LOUIS

935 BAY STREET Drive
NEW SMYRNA BEACH FL 32168

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Louis Benish

REGISTERED AGENT MUST SIGN

Date 10-15-99

11. 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.

KE

SIGNATURE:

Louis Benish

Louis Benish

10-15-99

904-437-4701

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2

10-15-99

The Corporation named Equine Challengers, document no. 98000005106 had not received the annual report forms as of 10-14-99. As per a phone call placed on 10-15-99, we were instructed to enclose a check for \$61.25 with this completed form and return it. Address corrections have been made on the form, it is believed that it may have been sent to the wrong address. Thank You.

Louis Benishek

Louis Benishek