

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # N98000006779

1. Corporation Name

PERFECT WINGS THERAPEUTIC RIDING CENTER, INC.

Principal Place of Business

Mailing Address

5134 LITTLE DREAM LANE
PANAMA CITY FL 32404

5134 LITTLE DREAM LANE
PANAMA CITY FL 32404

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/24/1998

5. FEI Number

59-3551849

Applied For

Not Applicable

6.

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
D	VANNOCKER, FRANK	5705 E5TH CT A1	PANAMA CITY FL 32404
D	HOGAN, RONALD	5134 LITTLE DREAM LANE	PANAMA CITY FL 32404
D	VANNOCKER, LYNN	5134 LITTLE DREAM LANE	PANAMA CITY FL 32404

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REINSTATEMENT 99 11 TS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

VANNOCKER, LYNN
5134 LITTLE DREAM LANE
PANAMA CITY FL 32404

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of
Registered Agent

Lynn VanNocker
REGISTERED AGENT MUST SIGN

Date

Oct 19, 1999

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.

SIGNATURE:

Berni Hogan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Oct 19, 1999

Daytime Phone #