## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION** FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE

**Katherine Harris** Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	P00000002702
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1. Corporation Name

ASHLAND STABLES, INC.

Principal Place of Business

C/O AVIS & AVIS. P.A.

125 WORTH AVE., STE. 221

PALM BEACH FL 33480

Mailing Address

correct in any way. Jine through incorrect information

C/O AVIS & AVIS. P.A. 125 WORTH AVE., STE. 221

PALM BEACH FL 33480



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New Principal Office Address, If Applicable	New Mailing Office Address, If Applicable	Date Incorporated or Qualified     To Do Business in Florida	01/10/2000	
Suite, Apt. #, etc. 3560 Am BASSADOR ROAD	Suite Apt. #, etc.	5FEI Number	A	
City & State WELLINGTON, FL	City & State			
Zip Country	Zip Country	6. CERTIFICATE OF STATUS DESIRED.	\$8.75. Addition	

Not Applicable dditional Fee required ertificate of Status

Applied For

7. Names	and Street Addresses of Each Officer and/or Director	(Florida nonprofit corporation	ons must list at least 3	directors)			
Title(s)	Name of Officers and/or Directors	,	t Address of Each er and/or Director		City / State / Zip		
D	FLEISCHHACKER, JOHN J	C/O AVIS & AVIS, 3560 AMB	ASSADOR	ROAD	PALM BEACH FL 33480 WELL/NGTON	V FL 3341	
D	FLEISCHHACKER, DAVEANNA R	CHO AVIS & AVIS, 3560 AM	P.A. 125 WORTH B <i>ASS A DOC</i>	ROAD	PALM BEACH FL 33480 WELLING CTON	FL 33414	
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	Stage of The Stage	EMENT				)	
	R. Name and Address of Current Posistered	Agent	۵	Name and A	ddrage of New Registered Age	ant	

ANDERSON, ALAN F	
C/O AVIS & AVIS, P.A.	
125 WORTH AVE., STE. 22	•
DALM BEACH EL 33490	

Street Address (P.O. Box Number is Not Acceptable) 3560 Suite, Apt. #, Etc.

CityWELLINGTON

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 Agen

REGISTERED AGENT MUST SIGN

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 filling 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

02/11/02 612-889 Date Daytime Pho