

**APPLICATION
FOR
REINSTATEMENT**



DOCUMENT # P00000002702

ASHLAND STABLES, INC.

C/O AVIS & AVIS. P.A.
125 WORTH AVE., STE. 221
PALM BEACH FL 33480

C/O AVIS & AVIS. P.A.
125 WORTH AVE., STE. 221
PALM BEACH FL 33480

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

01/10/2000

3560 AMBASSADOR ROAD PO BOX 941

City & State
WELLINGTON, FL

City & State
WAZATA, MN

Zip	Country
33414	USA

Zip	Country
55391	USA

Not Applicable

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

D	FLEISCHHACKER, JOHN J
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~~C/O AMIS & AMIS, P.A. 125 WORTH~~
3560 AMBASSADOR ROAD

~~PALM BEACH FL 33480~~
WELLINGTON FL 33414

D	FLEISCHHACKER, DAVEANNA R
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~~C/O AMIS & AMIS, P.A. 125 WORTH~~
3560 AMBASSADOR ROAD

~~PALM BEACH FL 33480~~
WELLINGTON FL 33414

01-02

13/6

ANDERSON, ALAN F
C/O AVIS & AVIS, P.A.
125 WORTH AVE., STE. 221
PALM BEACH FL 33480

Name JOHN J. FLEISCHACKER

Street Address (P.O. Box Number is Not Acceptable)
3560 AMBASSADOR ROAD

Suite, Apt. #, Etc.

City WELLINGTON

State
FL

Zip Code
33414

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

REGISTERED AGENT MUST SIGN

Date 02/11/02

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #

CH2E040 (BVO1)