

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 SEP 21 AM 11:18
STATE
DIVISION OF CORPORATIONS

DOCUMENT # P00000066523

1. Corporation Name

Hidden Oaks Equestrian Center, Inc.

2. Principal Office Address - No P.O. Box #
3287 N County Road 426

3. Mailing Office Address
2180 Park Avenue North

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Suite 318

City & State

Geneva, Florida

City & State

Winter Park, Florida

Zip

32732

Country

U.S.A.

Zip

32789

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

07/12/2000

5. FEI Number
593665294

☐ 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
The Jackson Law Firm, P.A.

Street Address (P.O. Box Number is Not Acceptable)
2180 Park Avenue North

Suite, Apt. #, Etc.
Suite 318

City
Winter Park

State
FL

Zip Code
32789

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date **September 15, 2009**

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
PD	Kelli L. Philpot Howe	2930 Chuluota Road	Orlando, Florida 32820
VD	Scott L. Philpot	4078 Scarlet Iris Place	Winter Park, Florida 32792
SD	Robin L. Philpot	4078 Scarlet Iris Place	Winter Park, Florida 32792
TD	Jeremy Howe	1808 Meadowgold Lane	Winter Park, Florida 32792

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 contained in Chapter 119, 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

9/15/09

Date

Daytime Phone #

012420