

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

10 APR 30 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA


400180297084
05/04/10--01012--012 **\$600.00

KS

REINSTATEMENT

09-10

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000074959

1. Corporation Name

Florida Horse Park, Inc

2. Principal Office Address - No P.O. Box #

1312 SAN PEDRO AVE

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TALLAHASSEE FL

City & State

Zip

Country

Zip

Country

32304

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3650131

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

DR Fletcher, DR

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

1312 SAN PEDRO AVE

Suite, Apt. #, Etc.

City

TALLAHASSEE FL

State

FL

Zip Code

☐ 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

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

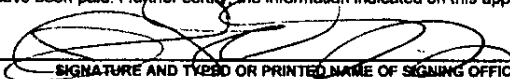
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>P</u>	<u>DR Fletcher, DR</u>	<u>1312 SAN PEDRO AVE</u>	<u>TALLAHASSEE, FL 32304</u>

10. E-mail Address: hwardhove@aol.com

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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. I further certify 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #