

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000091369

1. Corporation Name

SUNSET PINES CUSTOM EQUINE CARE, INC.

Principal Place of Business

Mailing Address

2662 NW 134TH ST
OCALA FL

2662 NW 134TH ST
OCALA FL

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.

2662 NW 134th St

City & State
Citra, FL

Zip
32113

Country
USA

Suite, Apt. #, etc.

2662 NW 134th St

City & State
Citra, FL

Zip
32113

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/27/2000

5. FEI Number

59-3676653

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSTD	ATWELL, MARY MARGARET	2662 NW 134TH ST	OCALA FL
V	BUTLER, NANCY LONE	2662 NW 134TH ST	OCALA FL
PSTD	ATWELL, Mary Margaret	2662 NW 134th St	Citra, FL 32113
V	Butler, Nancy Lone	2662 NW 134th St	Citra, FL 32113
			600004698076--3 -11/29/01--01042--00878 ****150.00 ****150.00 SI UBR

8. Name and Address of Current Registered Agent

HICKS, DANIEL ESQ
421 SE PINE AVE
OCALA FL 34474

9. Name and Address of New Registered Agent

Name

Atwell, Mary M

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

2662 NW 134th St

Suite, Apt. #, Etc.

City

Citra

State

FL

Zip Code

32113

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

Mary M. Atwell
REGISTERED AGENT MUST SIGN

Date

11/2/01

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:

Mary M. Atwell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/01)

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From: Mary Atwell
To: corphelp@mail.dos.state.fl.us
Date: 11/1/01 6:53:38 PM
Subject: CERTIFICATE OF ADMINISTRATIVE DISSOLUTION OR REVOCATION

--- Mary Atwell
--- sunsetpinescec@earthlink.net
--- EarthLink: The #1 provider of the Real Internet.

TO; KATHERINE HARRIS

SECRETARY OF STATE

FROM; SUNSET PINES CUSTOM EQUINE CARE INC.

DATE;11/01/01

REFER; APPLICATION FOR REINSTATEMENT

TO WHOM IT MAY CONCERN;

SUNSET PINES CUSTOM EQUINE CARE INC. RECEIVED NOTICE OF ADMINISTRATIVE DISSOLUTION, AND APPLICATION FOR REINSTATEMENT OF CORPORATION ON 10/28/01, THE CORPORATION LICENSE WAS ORIGINALLY FILED ON. 9/27/00. THE COMPANIES REGISTERED AGENT DANIEL HICKS NOR THE COMPANY ITSELF, EVER RECEIVED THE PAPER WORK TO FILE THE ANNUAL REPORT. AFTER THE REGISTERED AGENT SPOKE WITH A REPRESENTATIVE IN TALLAHASSEE. WE WERE TOLD TO MAIL THE APPLICATION ALONG WITH \$150.00 TO KEEP THE CORPORATION INTACT, AND THAT NO OTHER FEES WOULD APPLY AS THE PAPER WORK TO FILE WAS NEVER RECEIVED BY EITHER PARTY. TALLAHASSEE HAD THE CORPORATION ADDRESS INCORRECT ON THE ON THE PAPER WORK SENT FOR APPLICATION FOR REINSTATEMENT. ALL CHANGES TO THE ADDRESS WILL BE SUBMITTED ON THE APPLICATION FORM .IF FURTHER INFORMATION IS NEEDED YOU MAY CONTACT ME AT (352) 369-7339. WE WILL ALSO SEND A COPY OF THIS LETTER ALONG WITH THE APPLICATION.

SINCERELY,

SUNSET PINES CUSTOM EQUINE CARE