

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 MAR -8 PM 2:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P010000010477**

**1. Corporation Name**

BOGAN HORSE TRANSPORT INC  
C/O 30 MAIN STREET  
PORT WASHINGTON NY 11050

**2. Principal Office Address**

212 PLEASANT WOOD DR

**3. Mailing Office Address**

30 MAIN STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

WELLINGTON FL

**City & State**

PORT WASHINGTON NY

**Zip**

33414

**Country**

USA

**Zip**

11050

**Country**

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

1/23/01

**5. FEI Number**

65-1076069

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$6.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT 02.04**

**7. Name and Address of Current Registered Agent**

**Name**

BOGAN COTTON

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

212 PLEASANT WOOD DR

Suite, Apt. #, Etc.

**City**

WELLINGTON

**State**

FL

**Zip Code**

33414

**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

*Bogan Cotton*

Date

2/24/05

REGISTERED AGENT MUST SIGN

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

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip  |
|--------|--------------------------------------|---|---------------------|
| P      | BOGAN COTTON                         | 212 PLEASANT WOOD DR                              | WELLINGTON FL 33414 |
|        |                                      |   |                     |
|        |                                      |   |                     |
|        |                                      |   |                     |
|        |                                      |   |                     |
|        |                                      |   |                     |

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**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 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:**

*Bogan Cotton* BOGAN COTTON  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/24/05

516-883-1850

Daytime Phone #

CR2E081 (01/05)