

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC -3 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000029199

1. Corporation Name

STEELHORSE ENTERPRISES, INC.

Principal Place of Business

1627 BELLTOWER DR
NEW PORT RICHEY FL 34655

Mailing Address

1627 BELLTOWER DR
NEW PORT RICHEY FL 34655



300009320843
12/03/02--01061--012 **150.00

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

2. New Principal Office Address, If Applicable

~~STEELHORSE ENTERPRISES~~

~~Suite, Apt. #, etc.~~
~~P.O. Box 3088~~

~~City & State~~
~~HOLIDAY, FL~~

~~Zip~~ 34690 ~~Country~~ USA

3. New Mailing Office Address, If Applicable

~~STEELHORSE ENTERPRISES~~

~~Suite, Apt. #, etc.~~
~~P.O. Box 3088~~

~~City & State~~
~~HOLIDAY FL~~

~~Zip~~ 34690 ~~Country~~ USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/19/2001

5. FEI Number

59-3706522

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	ANSON, RUSSELL A	1627 BELLTOWER DR	NEW PORT RICHEY FL 34655
V	ANSON, KATHRYN E	1627 BELLTOWER DR	NEW PORT RICHEY FL 34655

8. Name and Address of Current Registered Agent

HANLEY, DANIEL J
7421 BENT OAK DR
PORT RICHEY FL 34668

9. Name and Address of New Registered Agent

Name
DANIEL J. HANLEY
Street Address (P.O. Box Number is Not Acceptable)
7241 DEERFIELD DR
Suite, Apt. #, Etc.

City
Port Richey
State
FL
Zip Code
34668

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11/18/02

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/02)

Nov. 19, 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Secretary of State,

Following instructions from division of corporation's representative, this letter will explain why I did not receive previous communications from the State of FL concerning my corporation name reinstatement.

My business is in the motorcycle industry. This business demands that I travel extensively throughout the country to attend various events on a weekly basis. My travel does not allow me to return home from the middle of Feb. till the end of Oct.

Any correspondence sent to my home address does not get delivered to me.

All mail must be addressed to my P.O. Box in order to be forwarded to a location where I would receive mail. Enclosed is a partial list of events that I attended this past year.

Any and all consideration given by the state to enable me to reinstate my corporate name would be greatly appreciated.

The state now has my mail delivery address of P.O. Box 3088 Holiday, FL 34690

Thank You



Russell Anson
P.O. Box 3088
Holiday, FL 34690
727-375-8281