

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 OCT 29 AM 11:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000053486

1. Corporation Name

CIRCLE M STABLES OF ALACHUA, INC.

Principal Place of Business

24302 NW 156 PLACE  
HIGH SPRINGS FL 32643

Mailing Address

24302 NW 156 PLACE  
HIGH SPRINGS FL 32643



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

4. Date Incorporated or Qualified  
To Do Business in Florida

05/22/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3725877

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
<del>D</del>	<del>WOOD, JANET K</del>	<del>6613 NW 114TH LN</del>	<del>ALACHUA FL 32615</del>
P/O	Wood, Janet K.	24302 NW 156 Place	High Springs, FL 32643

100008667141  
10/23/02--01042--010 \*\*150.00

*Handwritten initials*

8. Name and Address of Current Registered Agent

ENWALL, PETER C  
2626 NW 58TH BLVD  
GAINSVILLE FL 32606

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

CR2ED40 (8/02)

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*  
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/28/02

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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-23-02 386-454-7550

October 24, 2001

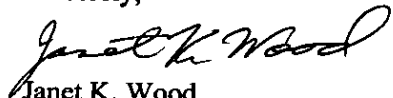
Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314-6327

Dear Sir/Madam:

This letter is to inform you that Circle M Stables of Alachua, Inc. did not receive prior Uniform Business Report forms. The only correspondence received from your office is the enclosed reinstatement form.

Please find enclosed the reinstatement form and \$150 filing fee.

Sincerely,



Janet K. Wood  
President/Director  
Circle M Stables of Alachua, Inc.  
24302 NW 156 Place  
High Springs, Florida 32643