

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P01000082552**

1. Corporation Name

McDowell Equestrian, Inc.

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

641 Coconut Palm Terrace

3. Mailing Office Address

641 Coconut Palm Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Plantation, FL

City & State

Plantation, FL

Zip

33324-8220

Country

U.S.A.

Zip

33324-8220

Country

U.S.A.

7. Name and Address of Current Registered Agent

Name

Reed B. McClosky, Esq.

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

One East Broward Boulevard

Suite, Apt. #, etc.

Suite 700

City

Fort Lauderdale

State

FL

Zip Code

33301

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 **2/12/07**

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
DP	Lisa L. McDowell	641 Coconut Palm Terrace	Plantation / FL / 33324-8220
DST	Stephen A. McDowell	641 Coconut Palm Terrace	Plantation / FL / 33324-8220

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/14/07

Daytime Phone #

FILED

07 FEB 19 PM 4:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900088907009
02/21/07--01030--002 **750.00

REINSTATEMENT 03-07

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

08/20/2001

5. FEI Number

N/AE

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ 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.