

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

P02 2022 50247

DOCUMENT #

1. Corporation Name

Canopy Trails Horse Farm Inc.

2. Principal Office Address
8775 JoMaureen Way

Suite, Apt. #, etc.

City & State
Tallahassee

Zip Country
32308 USA

3. Mailing Office Address
PO Box 14106

Suite, Apt. #, etc.

City & State
Tallahassee

Zip Country
32317 USA

FILED

04 MAY -5 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-24

000035536900
05/05/04--01051--021 ***300.00

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
030441028

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Price H Vincent Jr

Street Address (P.O. Box Number is Not Acceptable)
560 Frank Shaw Road

Suite, Apt. #, Etc.

City
Tallahassee

State Zip Code
FL 32312

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

B. Vincent

REGISTERED AGENT MUST SIGN

Date 4-12-04

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
P	Price H Vincent Jr	560 Frank Shaw Road	Tallahassee FL 32312

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-04 (850) 877-2522
Date Daytime Phone #

TR

CR2E081 (01/04)

pg 2 of 2

Canopy Trails Horse Farm

8775 JoMaureen Way
Tallahassee, Florida 32308
Tel (850) 219-3735 Fax (850) 385-7702

April 13, 2004

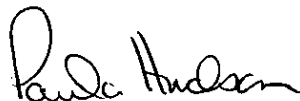
Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

We are asking for a waiver of the Reinstatement Fee of \$600, as we never received the Annual Report for 2003.

It appears the report would have been sent to an address in Monticello, Florida. All supporting documents available on your site show the address as above. All future correspondence should be sent to the post office box on the attached form

Attached is our check in the amount of \$211.25, \$150 for 2003 and \$61.25 for 2004.

Sincerely,



Paula Hudson