

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 APR 14 PM 1:11

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P030000 21226

1. Corporation Name

Saddle Trails Realty, INC.

2. Principal Office Address

2184 Appaloosa Trail

Suite, Apt. #, etc.

City & State

Wellington, FL

Zip

33414

Country

Palm Beach

3. Mailing Office Address

2184 Appaloosa Trail

Suite, Apt. #, etc.

City & State

Wellington FL

Zip

33414

Country

Palm Beach

4. Date Incorporated or Qualified
To Do Business in Florida

Feb, 20, 2003

5. FEI Number

73-1672045

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

MARY ELLEN SENCER

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

2184 Appaloosa Trails

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

Mary Ellen Sencer
REGISTERED AGENT MUST SIGN

Date

April 5, 2006

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
President	MARY ELLEN SENCER	2184 APPALOOSA TRAIL	Wellington, FL 33414

900070441509
04/14/05--01023--003 **450.00

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:

Mary Ellen Sencer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

April 5, 2006

Daytime Phone #

(561) 512-4340