

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 NOV 28 AM 9:41

**DOCUMENT #**

1. Corporation Name

PO4000172235

BROAD PARK EQUESTRIAN SERVICES, INC

REINSTATEMENT 05-06

600082100356  
11/28/06--01033--016 \*\*300.00

CR2E081 (12/05)

2. Principal Office Address

3506 B Road

Suite, Apt. #, etc.

3. Mailing Office Address

PO BOX 1544

Suite, Apt. #, etc.

City & State

Loxahatchee FL

City & State

Loxahatchee FL

Zip

33470

Country

USA

Zip

33470

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

12/2004

5. FEI Number

01-0465316

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$5.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Judy Westlake

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

# 3506 B Road

Suite, Apt. #, Etc.

City

Loxahatchee

State

FL

Zip Code

33470

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

Judy Westlake

REGISTERED AGENT MUST SIGN

Date 11/20/06

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles         | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip   |
|----------------|--------------------------------------|---|----------------------|
| Vice President | Brian McNeil                         | 3506 B Road                                       | Loxahatchee FL 33470 |
|                |                                      |   |                      |
|                |                                      |   |                      |
|                |                                      |   |                      |
|                |                                      |   |                      |
|                |                                      |   |                      |

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:

Judy Westlake

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/20/06 207-831-3963

Date

Daytime Phone #

2 of 2

November 20, 2006

PO Box 1544  
Loxahatchee, FL 33470

Dear Sir/Ms,

I am the owner/president of Broad Park equestrian Services Inc. Due to problems with mail delivery; I did not receive notification of dissolution of this Corporation. The Post Office in Loxahatchee gave our box number to someone else and they did not forward our mail for 2 months in 2005. I would like to re-instate this corporation and also change the Federal Identification Number back to my original number when the Corporation was registered in Maine. My FIN then was 01-0465316 and the name at the time was Broad Park Equestrian Center. I would like to cancel any other FIN's that are associated with me except the one listed above.

Fees included 2005,2006 Annual Report Fee \$122.50

Corporate Supplemental Fees 2005,2006 \$177.50

Please call me with any other forms or filings that must be done to get these records up to date.

Thank you,

A handwritten signature in cursive script that reads "Judy Westlake".

Judy Westlake