

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000102845

1. Entity Name
COURBETTE SADDLERY CO., INC.



FILED

06 OCT 31 PM 3: 29

CLERK OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1719 TRADE CENTER WAY STE #2
NAPLES, FL 34109

Mailing Address
1719 TRADE CENTER WAY STE #2
NAPLES, FL 34109

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10112006

REIN-P

CR2E098 (11/05)

06

4. FEI Number 20-3584418

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHERNOFF, HOLLY ESQ
2335 TAMiami TRAIL NORTH STE 409
NAPLES, FL 34103

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

10/20/06

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME HAUSER, HARRY
STREET ADDRESS 3830 HUELVA COURT
CITY-ST-ZIP NAPLES, FL 34109

TITLE ☐ Change ☐ Addition
NAME 800081352148
STREET ADDRESS 10/31/06--01016--001
CITY-ST-ZIP **150.00

TITLE D ☐ Delete
NAME HOESSLI, ARTHUR
STREET ADDRESS HEINZENBERGSTRASSE, CH-7421 SUMMAPRADA
CITY-ST-ZIP SWITZERLAND,

TITLE ☐ Change ☐ Addition
NAME \$710/31
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME HAUSER, ANGELA M
STREET ADDRESS 3830 HUELVA COURT
CITY-ST-ZIP NAPLES, FL 34109

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Harry Hauser, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/18/06

Date

239-592-9401

Daytime Phone #