

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P07000070325**

1. Corporation Name

**Dundee Equestrian Center, Inc**

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

**12621 Rod + Gun Club Rd**

Suite, Apt. #, etc.

3. Mailing Office Address

**Same**

Suite, Apt. #, etc.

City & State

**Fort Myers FL**

Zip

Country

**33913**

City & State

Zip

Country

7. Name and Address of Current Registered Agent

Name

**LINDA BUCKLER**

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

**12621 Rod + Gun Club Rd**

Suite, Apt. #, Etc.

City

**Fort Myers**

State

**FL**

Zip Code

**33913**

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

**Linda Buckler**

REGISTERED AGENT MUST SIGN

Date **12-31-09**

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
Pres.	<b>LINDA BUCKLER</b>	<b>12621 Rod + Gun Club Rd</b>	<b>Fort Myers, FL 33913</b>
V-Pres.	<b>William Buckler</b>	<b>12621 Rod + Gun Club Rd</b>	<b>Fort Myers, FL 33913</b>

**M. MILLIGAN  
EXAMINER**

**FEB 11 2010**

10. E-mail Address: **Lmpny1@aol.com**

(To be used for future annual report notification)

11. 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. I further certify, 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:

**Linda Buckler**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**12/27/09**

Date

**239-369-5404**

Daytime Phone #

**FILED**

**10 FEB 10 AM 9:37**

SECRETARY OF STATE  
ALLAHASSEE, FLORIDA

**700164088517**  
**12/31/09--01054--011 \*\*300.00**

**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida

**6/18/2007**

5. FEI Number

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.

**700164088517**  
**02/10/10--01032--020 \*\*150.00**