

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 DEC 17 PM 3:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 008000072565

1. Corporation Name

BLACKCLOUD STABLES, INC.

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

2855 LEONARD DRIVE

3. Mailing Office Address

Suite, Apt. #, etc.

H-108

Suite, Apt. #, etc.

City & State

AVENTURA, FL.

City & State

MIAMI - DADOS

Zip

33161

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

8/4/09

5. FEI Number

80-0232267

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$6.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MARTIN L CARLIN

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

2855 LEONARD DR-H-108

Suite, Apt. #, Etc.

H-108

City

AVENTURA

State

FL

Zip Code

33161

☒ 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.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 617.0503, F.S.

Signature of
Registered Agent

Martin L Carlin

Date

12/15/09

REGISTERED AGENT MUST SIGN

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
VP Sec	CASEY GALE	Same as Above	

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:

Martin L Carlin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/15/09

Daytime Phone #