

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P13000019372

**Entity Name:** SORCE SHOW JUMPING, INC.

**FILED**  
**Oct 21, 2014**  
**Secretary of State**

**Current Principal Place of Business:**

11794 WIMBLEDON CIRCLE  
WELLINGTON, FL 33414

**New Principal Place of Business:**

**Current Mailing Address:**

11794 WIMBLEDON CIRCLE  
WELLINGTON, FL 33414

**New Mailing Address:**

PO BOX 307  
WEST NYACK, NY 10994

**FEI Number:** 46-2174405

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SORCE, JOE  
11794 WIMBLEDON CIRCLE  
WELLINGTON, FL 33414 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:** JOW SORCE

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** SORCE, JOE  
**Address:** 11794 WIMBLEDON CIRCLE  
**City-St-Zip:** WELLINGTON, FL 33414

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** JOE SORCE

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

10/21/2014

\_\_\_\_\_  
Date