

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 SEP 10 PM 12:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 973000025392

1. Corporation Name

Jackie Star Racing Stable
20904

Principal Place of Business

Mailing Address

20904 Leeward Ct # 221
Aventura FL

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

June 1993

5. FEI Number

65-0406715

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres.	Lisa Manchac	<u>400 SW 8 Ave</u> <u>Hallandale</u>	<u>Hallandale FL 33009</u>
Sec.	Betty A Bdale	<u>20904 Leeward Ct #221</u> <u>Aventura</u>	<u>Aventura FL 33180</u>

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-09/12/97--01067--008
***1088.75 ***1088.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Jeffrey Perlow, Atty
E. Hallandale Bch, Blvd
Hallandale FL

Name Jose O. A Bdale
Street Address (P.O. Box Number is Not Acceptable)
20904 Leeward Ct
Suite, Apt. #, Etc. 221
City Aventura State FL Zip Code 33180

10. I, being appointed registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Jose O. A Bdale
REGISTERED AGENT MUST SIGN

Date

Aug. 31, 1997

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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 under section 119.07(3)(i), 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:

Lisa Manchac, Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LISA MANCHAC

8/31/97

Date

305-931-5216

Daytime Phone #