

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # P93000046355

1. Corporation Name

HORSE'N AROUND, INC.

Principal Place of Business

Mailing Address

7130 SOUTHWEST 117TH AVENUE
MIAMI FL 33183
US

7130 SOUTHWEST 117TH AVENUE
MIAMI FL 33183
US



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

4. Date Incorporated or Qualified
To Do Business in Florida

06/25/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0426234

Applied For

Not Applicable

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

Zip

Country

Zip

Country

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	4 City / State / Zip
P	FLYNN, FRANCIS	C/O 7130 SOUTHWEST 117TH AVENUE	MIAMI FL 33183
S	FLYNN, KRYSTAL	C/O 7130 SOUTHWEST 117TH AVENUE	MIAMI FL 33183

9000003493389-6
-12/11/00--01039-025
****750.00 ****750.00

ph 12/10

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FLYNN, FRANCIS - DECEASED
C/O 7130 SW 117TH AVE
MIAMI FL 33183

Name

Karen Flynn

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

C/O 7130 SW 117 AVE

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33183

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

Signature of
Registered Agent

Karen Flynn
REGISTERED AGENT MUST SIGN

Date 11/27/00

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 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:

Karen Flynn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/27/00

Daytime Phone #

CR2E040 (8/00)