APPLICATION FOR REINSTATEMENT FOR 1995 & 1996

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED
96 DEC -4 AM 11:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Read instructions on Other Side Before Making Entries.
Make Check Payable To: Department of State

1 Name and Mailing Address of Corporation DOCUMENT # P94000052289

Equine Environmental Service, Inc.
17050 S.W. 20th Avenue Road
Ocala, FL 34473

2. If Address in Block 1 is incorrect in any way, enter the correct address below. The address of the corporation can be changed only by filing an amendment.

Address 800002021128--2
-12/05/96--01066--016
*****8.75 *****8.75

Address

City and State

REINSTATEMENT 95 96

If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐

3 Date Incorporated or Qualified To Do Business in Florida 7/15/94

4. FEI Number 59-3258092 ☐ FEI Number Applied For ☐ FEI Number Not Applicable

5 Names and Street Addresses of Each Officer and/or Director

1 Title	2 Names of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City and State
P	James E. Maxwell	17050 S.W. 20th Avenue Road	Ocala, FL 34473
VP	James E. Maxwell	17050 S.W. 20th Avenue Road	Ocala, FL 34473
S	James E. Maxwell	17050 S.W. 20th Avenue Road	Ocala, FL 34473
T	James E. Maxwell	17050 S.W. 20th Avenue Road	Ocala, FL 34473
			12/04/96

This corporation has liability for intangible tax under section 199.032, Florida Statutes. ☒ Yes ☐ No
For intangible tax information call Department of Revenue 904-488-6800.

REGISTERED AGENT INFORMATION

6 Name and Address of Current Registered Agent

Donna Lee Maxwell
17050 S.W. 20th Avenue Road
Ocala, FL 34473

7. Name and Address of New Registered Agent

Name 800002021128--2
-12/05/96--01066--017
*****525.00 *****525.00

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

City and State FL. Zip Code

8. 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 Donna Lee Maxwell Date 12-3-96
REGISTERED AGENT MUST SIGN

9 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director James E. Maxwell Date 12-3-96 Phone # (352) 347-0150

Typed or printed name of signing officer or director James E. Maxwell

10 Should you desire a certificate of status check the box.

CERTIFICATE OF STATUS DESIRED ☒

$5.00 Additional fee required for a certificate of status