

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sanford, Florida
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 MAY 18 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000053138

1. Corporation Name

DREAM CATCHER STABLES, INC.

Principal Place of Business

16050 S.E. 30TH ST.
MORRISTON FL 32668

Mailing Address

JOAN M. WILLIAMS
70615 SHERMAN ROAD
EDWARDSBURG MI 49112

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

2. New Principal Office Address, If Applicable

~~16553 S.E. 30TH ST.~~
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

~~52217 GRAPE RD~~
Suite, Apt. #, etc.

City & State

MORRISTON, FL

City & State

GRANGER, IN

Zip

32668

Country

USA

Zip

46530

Country

USA

REINSTATEMENT 98-99

4. Date Incorporated or Qualified
To Do Business in Florida

07/19/1994

5. FEI Number

59-3291873

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State - Zip 4
PO	WILLIAMS, JOAN M	70615 SHERMAN ROAD 52217 GRAPE ROAD	EDWARDSBURG MI 49112 GRANGER, IN 46530
S	WILLIAMS, K.E.	15311 HUNTING RIDGE TRAIL	GRANGER IN 46530

8. Name and Address of Current Registered Agent

BOUCHER, JULES
16050 S.E. 30TH ST.
MORRISTON FL 32668

9. Name and Address of New Registered Agent

Name

CHARLES J. BORN

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

16553 S.E. 30TH ST.

Suite, Apt. #, Etc.

City

MORRISTON

State

FL

Zip Code

32668

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

Charles J. Born

REGISTERED AGENT MUST SIGN

Date

MAY 15, 1999

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30. 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 617.04(1), 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:

JOAN M. WILLIAMS - Joan M. Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5-15-99 219-

Day-time Phone #

271-1940

CR2E04G (9/96)