

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000058705**

1. Corporation Name

Boca Raton Racing Stables, Inc.

Principal Place of Business

Mailing Address

**333 W. Camino Gardens Blvd
Suite 203
Boca Raton, FL 33432
U.S.**

**333 W. Camino Gardens Blvd
Suite 203
Boca Raton, FL 33432
U.S.**

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

5. FEI Number

65-050 9442

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City/State/Zip
1	2	3	4
P, S, T D	Walter V. Blesland, Jr.	333 W. Camino Gardens Blvd Suite 203	Boca Raton, FL 33432
VP, D	William H. Bauck	6723 Taupath Rd	Syracuse, NY 13214
AS	Dennis Brown	6723 Taupath Rd	Syracuse, NY 13214

REINSTATEMENT 97-99 TS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**Dennis Brown
6723 Taupath Rd
Syracuse, NY 13214**

Name **Larry Fagan**
Street Address (P.O. Box Number is Not Acceptable)
750 S. Dixie Hwy
Suite, Apt. #, Etc. **N/A**
City **Boca Raton** State **FL** Zip Code **33432**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 807.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date **10/18/99**

11. This corporation owes 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 617.0401, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/18/99 561 947 8869
Date Daytime Phone #

CP25001 (12/98)