

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

00 OCT 26 PM 3:48

DOCUMENT # P95000033264

1. Corporation Name

HORSESHOEING AROUND INC.

Principal Place of Business

Mailing Address

181 RIVERWOODS DR
CHULUOTA FL 32766
US

181 RIVERWOODS DR
CHULUOTA FL 32766
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

04/24/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

23-2730871

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

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 3	City / State / Zip 4
P	SIEBEL, ALLANN R	181 RIVERWOODS DR	CHULUOTA FL 32766

4000003459124--4
-11/09/00--01088--002
****150.00 ****150.00

Handwritten signature/initials

8. Name and Address of Current Registered Agent

SEIBEL, ALLANN R
181 RIVERWOODS DR
CHULUOTA FL 32766

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Handwritten signature of Allann R Siebel

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10-23-2000

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)(l), 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:

Handwritten signature of Allann R Siebel
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-23-2000
Date

407-977-9568
Daytime Phone #

Horseshoeing Around, Inc.

181 Riverwoods Drive • Chuluota, Florida 32766 • (407) 977-9586

October 23, 2000

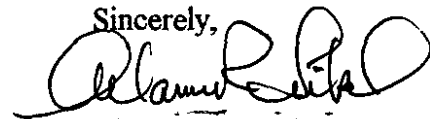
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314-6327

To whom it may concern;

I received a notice of administrative dissolution or revocation document # P95000033264 for Horseshoeing Around Inc. on Friday October 20, and spoke to your office today and was advised to write a letter to reinstate.

Horseshoeing Around Inc. is a farrier, blacksmithing, horse breeding and boarding facility. I not only take care of the actual operation but am the bookkeeper, secretary, accounts receivable and payable and all other matters. We have been involved in a law suit, since February, that has finally been resolved. I might have received my annual report, but I just do not recall. Every year in the past it has been filed in a timely manner so I have to think I did not receive it. I have enclosed a check for \$150.00 as per instructions. Please advise me on any other actions. Thank you

Sincerely,



Allann R. Seibel
President