

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 AUG 15 PM 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PA5000064671

1. Corporation Name

Thoroughbred Lake Estates, Inc.

Principal Place of Business

Mailing Address

3565 NW 53rd Ct.
Fort Lauderdale, FL 33309

Same

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

2. New Principal Office Address, If Applicable
Listed above

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

8/22/95

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number
65-0602846

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
Pres.	Manuel Agüero	3590 NW 54th St., Suite 3	Ft. Lauderdale, FL 33309
VP/ Sec.	J. Carlos Rodriguez	3590 NW 54th St., Suite 3	Ft. Lauderdale, FL 33309

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****915.00 ****915.00

REINSTATEMENT 96-97

Q. atan
8/15/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Manuel Agüero
1007 North Federal Highway
Suite 153
Fort Lauderdale, FL 33304

Name

Manuel Agüero

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

3590 NW 54th Street

Suite, Apt. #, Etc.

Suite 3

City

Fort Lauderdale

State

FL

Zip Code

33309

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

X Manuel Agüero

REGISTERED AGENT MUST SIGN

Date

Y 8.4.97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

X Manuel Agüero

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

X 8.4.97

Daytime Phone #

CR2040 (12/96)