

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR 1996  
REINSTATEMENT



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

APPROVED  
AND  
FILED

96 NOV 14 AM 9:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000087747

1. Corporation Name

T J B HORSEFARM, INC.

Principal Place of Business

Mailing Address

1100 S.E. 145TH STREET  
SUMMERFIELD FL 34491

1100 S.E. 145TH STREET  
SUMMERFIELD FL 34491



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

11/15/1985

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

☒ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D/Pres	BUTNER, THOMAS	1100 S.E. 145TH ST.	SUMMERFIELD FL 34491
V.P.	DESIREE RICHTER (same)	(same)	(same)
			788882888747-7
			-11/19/96-01153-010
			***375.00 ***375.00

REINSTATEMENT 1996

Q. Man  
11-14-96

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HICKS, DANIEL  
2303 S.E. 17TH STREET  
SUITE 201  
OCALA FL 34471

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

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 11/11/96

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:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/14/96 358  
307-9612  
Daytime Phone #