

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 FEB -5 PM 12:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000094398**

1. Corporation Name

Laura Posada Racing Stable, inc

600087710516
02/08/07--01005--017 **1050.00

REINSTATEMENT **00-07**

CR2E081 (12/05)

2. Principal Office Address

11800 Sheridan St

Suite, Apt. #, etc.

3. Mailing Office Address

11800 Sheridan St.

Suite, Apt. #, etc.

City & State

Pembroke Pines, FL

Zip

33026

Country

USA

City & State

Pembroke Pines FL

Zip

33026

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

4-10-97

5. FEI Number

65-0635074

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

Laura Posada

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

11800 Sheridan St.

Suite, Apt. #, Etc.

City

Pembroke Pines, FL

State

FL

Zip Code

33026

600087710516

02/08/07 01005 016 **150.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Date **2-1-07**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Laura Posada	11800 Sheridan St.	Pembroke Pines FL 33026
D	Robert Posada	11800 Sheridan St.	Pembroke Pines, FL 33026

10. 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 contained in Chapter 119, 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

Laura Posada

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-07

Date

954-815-4805

Daytime Phone #

2/2/07