PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
00 JAN 14 AM 11:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000095179

1. Corporation Name

Sunset Stables, Inc.

Principal Place of Business	Mailing Address

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

REINSTATEMENT 1-16-99

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
3216 Blount Road	3216 Blount Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Dover, Florida	City & State: Dover, Florida
Zip: 33527 Country: Hillsborough	Zip: 33527 Country: Hillsborough

4. Date Incorporated or Qualified To Do Business in Florida: 12/15/95

5. FEI Number: 65-0630057 — Applied For ☐ Not Applicable ☐

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, P	Tracey M. Carter	3216 Blount Road	Dover, FL 33527

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***1208.75 ***1208.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name: Tracey M. Carter
Street Address (P.O. Box Number is Not Acceptable): 3216 Blount Road
Suite, Apt. #, Etc.:
City: Dover State: FL Zip Code: 33527

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 Tracey M Carter — REGISTERED AGENT MUST SIGN — Date: X 1-28-99

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.

KE

SIGNATURE: X Tracey M Carter — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Tracey M. Carter, President

X 1/28/98 — Date

X 941-727-1552 — Daytime Phone #