

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 SEP -5 AM 10: 08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000042960

1. Corporation Name

D.K. QUARTERHORSES, INC.

2. Principal Office Address

2303 Gerry Rd.

3. Mailing Office Address

2303 Gerry Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

Sarasota, FL

Zip

34240

Country

USA

Zip

34240

Country

USA

REINSTATEMENT 97-00

4. Date Incorporated or Qualified
To Do Business in Florida

SP

5. FEI Number

65-0669005

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

Kathrine Boyd

000003407020-1

-09/27/00--01072--017

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

2303 Gerry Rd.

***1200.00 ***1200.00

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34240

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

Kathrine Boyd

REGISTERED AGENT MUST SIGN

Date 8/29/00

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
P/D	Kathrine Boyd	2303 Gerry Rd.	Sarasota, FL 34240
D	Donnie R. Boyd	2303 Gerry Rd.	Sarasota, FL 34240

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 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:

Kathrine Boyd

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/29/00

Date

Daytime Phone #