

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

182

FILED

01 OCT 22 PM 4:01

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P96000087941**

1. Corporation Name

HITCHING POST BACKYARD SPECIALTIES, INC.

Principal Place of Business

Mailing Address

4013 W ATLANTIC AVE
 DELRAY BEACH FL 33445

4013 W ATLANTIC AVE
 DELRAY BEACH FL 33445



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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/23/1996	
City & State		City & State		5. FEI Number	
Zip		Country		65-0713503	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	SKIERA, MICHAEL J	4013 W ATLANTIC AVE	DELRAY BEACH FL 33445
VSTD	SKIERA, MARIANNE	4013 W ATLANTIC AVE	DELRAY BEACH FL 33445

300004672443-8
 -11/08/01-01045-014
 ****150.00 ****150.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
SKIERA, MICHAEL J 4013 W ATLANTIC AVE DELRAY BEACH FL 33445		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL

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: *Michael Skiera* REGISTERED AGENT MUST SIGN Date: 10-16-01

11. 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: *Michael Skiera* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 10-16-01 Daytime Phone #: 561-499-0077

CR2E940 (8/01)

252

Dept of STATE.

I DID NOT RECEIVE NOTIFICATION
TO RENEW. I WOULD HAVE
CERTAINLY SENT MY MONEY.

PLEASE CHECK & LET ME KNOW
~~IF I OWE A PENALTY I DO~~
NEED TO REINSTATE CORP.

Thanking you
In Advance
Mamie She