

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P97000000046**

1. Corporation Name

PERFORMANCE HORSES OF AMERICA, INC.

Principal Place of Business

703 W. SUMMIT ROAD
BROOKSVILLE FL 34601

Mailing Address

703 W. SUMMIT ROAD
BROOKSVILLE FL 34601

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/31/1996

5. FEI Number

☒ Applied For
☐ Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PSTD	MORRIS, MARIE I	703 W. SUMMIT ROAD	BROOKSVILLE FL 34601

300002358113--2
-11/26/97--01087--015
****165.00 ****165.00

8. Name and Address of Current Registered Agent

MORRIS, ROBERT A JR. ESQ.
703 W. SUMMIT ROAD
BROOKSVILLE FL 34601

9. Name and Address of New Registered Agent

Name

Robert A Morris Jr. Esq.

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

REGISTERED AGENT MUST SIGN

Date 10-24-97

11. This corporation owes or has paid 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)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-24-97

Date

746-9889

Daytime Phone #

CR2E040 (8/97)

Admitted To:
Florida Bar
Indiana Bar
11th Cir. Ct. of Appeals
Middle District of Florida
Northern District of Indiana
Southern District of Indiana

ROBERT ALLEN MORRIS, JR. P.A.

LAW OFFICES OF
703 West Summit Road, Brooksville, FL 34601
Telephone (352) 796-9999 --- Fax (352) 796-9977

Member Of:
Florida Bar Association
Indiana Bar Association
American Bar Association
Academy of Florida
Trial Lawyers

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November 7, 1997

SECRETARY OF STATE
DIVISION OF CORPORATIONS
ATTN: Reinstatement Section
Post Office Box 6327
Tallahassee, Florida 32314-6327

RE: Performance Horses of America, Inc.

Dear Sir/Madame:

Please find enclosed the application for reinstatement of the corporation known as Performance Horses of America, Inc. along with a check in the amount of \$162.00 (One Hundred Sixty Two Dollars). Unfortunately, I was unaware of the requirement to file this form as the corporation was to star on January 1, 1997.

Please advise if I need to provide you with any additional information.

Sincerely yours,



ROBERT ALLEN MORRIS, JR., ESQ.

encl.