

P97000027819

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 OCT 18 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000027819

1. Corporation Name
SURREY STABLES, INC.

2. Principal Office Address
1101 N.W. 112 AVE

Suite, Apt. #, etc.

City & State
PLANTATION, FL

Zip
33323

Country
USA

3. Mailing Office Address
SAME

Suite, Apt. #, etc.

City & State

Zip
Country

4. Date Incorporated or Qualified
To Do Business in Florida 3/24/97

5. FEI Number
65-0743030

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
ISABEL L. SURREY

Street Address (P.O. Box Number is Not Acceptable)
1101 N.W. 112 AVE

Suite, Apt. #, Etc.

City
PLANTATION

400041973984

10/19/04--01030--002 ***458 75

State
FL

Zip Code
33323

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
Isabel L. Surrey

Date
10/18/04

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	ISABEL L. SURREY	1101 N.W. 112 AVE PLANTATION, FL	33323

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: Isabel L. Surrey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date
10/11/04

Daytime Phone #
954-474-6688

CR2E081 (01/04)

10/06/04

RETURN MAIL DETAIL SCREEN

3:35 PM

CORP NUMBER: P97000027819 CORP NAME: SURREY STABLES, INC.

2002

ANNUAL REPORT FIRST NOTICE RETURNED

BOX: 0026

*For Filing Purposes
Only*
P97000027819

1. MENU, 2. FILING, 3. OFFICERS, 4. EVENTS
7. LIST, 8. NEXT BY LIST, 9. PREV BY LIST

ENTER SELECTION AND CR:

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