

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P97000044281

1. Corporation Name

STALLIONS HOLDINGS INC.

Principal Place of Business

Mailing Address

~~1300 SOUTH A1A~~  
~~SUITE 213~~  
~~JUPITER FL 33477~~

~~1300 SOUTH A1A~~  
~~SUITE 210~~  
~~JUPITER FL 33477~~

FILED  
01 JAN 10 PM 2:29  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA



REINSTATEMENT

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

2. New Principal Office Address, If Applicable

115 South Olive Ave

Suite, Apt. #, etc.

City & State

West Palm Beach

Zip  
33410

Country

Palm Beach

3. New Mailing Office Address, If Applicable

115 South Olive Ave

Suite, Apt. #, etc.

City & State

West Palm Beach

Zip  
33410

Country

Palm Beach

4. Date Incorporated or Qualified  
To Do Business in Florida

05/19/1997

5. FEI Number

65-0753822

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	MIELE, DOMENIC	<del>1300 SOUTH A1A, #213</del>	JUPITER FL 33477
D	DADDONO, JOHN	<del>1300 SOUTH A1A, #213</del>	JUPITER FL 33477
		115 South Olive Ave	West Palm Beach FL 33410
		115 South Olive Ave	West Palm Beach FL 33410
			4000003556144-4
			-01/13/01--01/02--01/7 ****900.00 ****900.00

8. Name and Address of Current Registered Agent

CAROTHERS, BARRY ESQ  
6650 WEST INDIANTOWN ROAD  
SUITE 200  
JUPITER FL 33445-8

9. Name and Address of New Registered Agent

Name

Domenic Miele

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

115 S. Olive Ave WPTB

Suite, Apt. #, Etc.

City

West Palm Beach

State

FL

Zip Code

33410

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

*Domenic Miele*  
REGISTERED AGENT MUST SIGN

Date 12/10/00

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:

*Domenic Miele*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Miele

Date

12/02/00 (561) 818 4683

Daytime Phone #

KE

CR2E040 (9/00)