

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P97000048068

1. Corporation Name

SMILE BIT & BRIDLE COMPANY

Principal Place of Business

HC 61 BOX 19EEE
CLEWISTON FL 33440

Mailing Address

HC 61 BOX 19EEE
CLEWISTON FL 33440

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/02/1997

5. FEI Number

66-0759700

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
D	WILCOX, DANNY T	HC 61 BOX 19EEE N/A	CLEWISTON FL 33440
D	BILLIE, JAMES	HC 61 BOX 46A N/A	CLEWISTON FL 33440
D	DAVIS, ROY J	P.O. BOX 2216 N/A	OKEECHOBEE FL 34973

300002730053--9
-01/05/99--01029--010
****750.00 ****750.00

8. Name and Address of Current Registered Agent

DORSKY, ERIC ESQ
4430 S.W. 64TH AVENUE
DAVIE FL 33314

9. Name and Address of New Registered Agent

Name

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 12/21/98

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANNY TOMMIE WILCOX, S/T

Date

Daytime Phone #

12-20-98 941-983-8006

FILED

98 DEC 24 AM 8:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 98

CR2040 (9/98)