

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 DEC -9 PM 2:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 197000084926

1. Corporation Name

Bit of Class Stables, Inc.

2. Principal Office Address

2151 NE 212TH Court

Suite, Apt. #, etc.

City & State

Williston, FL

Zip

32696

Country

Levy

3. Mailing Office Address

2151 N.E. 212TH Court

Suite, Apt. #, etc.

City & State

Williston, FL

Zip

32696

Country

Levy

4. Date Incorporated or Qualified
To Do Business in Florida

9/30/97

5. FEI Number

59-3473213

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

Lola Dee Tripp

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

2151 N.E. 212TH Court

Suite, Apt. #, Etc.

City

Williston

State

FL

Zip Code

32696

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

REGISTERED AGENT MUST SIGN

Date

12-4-02

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
PRES.	<u>Waggoner Shane Tripp</u>	<u>2151 N.E. 212TH Court</u>	<u>Williston, FL 32696</u>
V-Pres.	<u>Lola Dee Tripp</u>	<u>2151 N.E. 212TH Court</u>	<u>Williston, FL 32696</u>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-4-02

Daytime Phone #

CR2E001 (9/01)

12/10

ARNOLD AND CO., P.A.
CERTIFIED PUBLIC ACCOUNTANTS
41 SOUTHEAST 9TH TERRACE
OCALA, FLORIDA 34471
(352) 732-6664
FAX (352) 732-6265

SHEILA P. ARNOLD, C.P.A.

PATRICIA G. SAJEY, C.P.A.

MAILING ADDRESS:
POST OFFICE BOX 1596
OCALA, FLORIDA 34478

December 4, 2002

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Ref: Bit of Class Stables, Inc.
ID# 59-3473213

Dear Sir or Madam:

This letter is in reference to the above listed client. We have included a check in the amount of \$150.00 and a completed 2002 Uniform Business Report to re-instate Bit of Class Stables, Inc. as a Florida Corporation.

Mr. and Mrs. Tripp moved their corporation from Marion County to Levy County last spring. We believe this is why they did not receive their 2002 Uniform Business report; therefore, no report was filed for this year. While trying to obtain new Workman's Compensation Insurance the Tripp's were informed of their "dissolved" status.

We respectfully request that this corporation be re-instated as-soon-as possible and we would greatly appreciate the removal of any charges of interest or penalties.

Thank you in advance for your assistance and attention to this matter. If you should have any questions concerning this request, please feel free to contact my office.

Sincerely,



Sheila P. Arnold, C.P.A.

SPA/sg
Enclosure