

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1999 DEC -7 PM 1:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT '98

SCC 12-7-98



DOCUMENT # P97000101488

1. Corporation Name

INTERNATIONAL DRESSAGE & SALES, INC.

Principal Place of Business

Mailing Address

1102 WATERWAY VILLAGE COURT
WEST PALM BEACH FL 33413

1102 WATERWAY VILLAGE COURT
WEST PALM BEACH FL 33413

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

P.O. Box 598

P.O. Box 598

Suite, Apt. #, etc. Loxahatchee, FL

Suite, Apt. #, etc. Loxahatchee, FL

City & State 33470 FL USA

City & State 33470 USA

Zip Country

Zip Country

4. Date Incorporated or Qualified To Do Business in Florida

12/02/1997

5. FEI Number

65-0799191

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	KESSELS, VERA A	1102 WATERWAY VILLAGE COURT 3618 Grande Rd.	WEST PALM BEACH FL 33413 Loxahatchee, FL 33470

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KESSELS, VERA A
1102 WATERWAY VILLAGE COURT
WEST PALM BEACH FL 33413

Name
Street Address (P.O. Box Number is Not Acceptable)
3618 Grande Rd.
Suite, Apt. #, Etc.
City Loxahatchee State FL Zip Code 33470

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

V. Kessels

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 12-4-98

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:

V. Kessels

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vera A. Kessels

12-4-98

Date

561-792-3639

Daytime Phone #

CR20040 (9/98)