

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P98000000967

1. Entity Name
DOUBLE "G" STABLES, INC.



Principal Place of Business
10708 PRESERVE LAKE DR.
#108
TAMPA, FL 33626

Mailing Address
10708 PRESERVE LAKE DR.
#108
TAMPA, FL 33626

FILED
04 DEC -2 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10272004 REIN-P CR2E098 (6/04)

2. Principal Place of Business
8186 PINTO DRIVE
Suite, Apt. #, etc.

3. Mailing Address
8186 PINTO DR
Suite, Apt. #, etc.

City & State
LAKE WORTH FL
Zip
33467 Country
USA

City & State
LAKE WORTH FL
Zip
33467 Country
USA

4. FEI Number
59-3507244 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

GANNON, SUSAN W
10708 PRESERVE LAKE DR. #108
TAMPA, FL 33626

7. Name and Address of New Registered Agent

Name
GANNON, SUSAN W
Street Address (P.O. Box Number is Not Acceptable)
8186 PINTO DR
City
LAKE WORTH FL Zip Code
33467

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Susan W Gannon

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 11/11/04

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTS GANNON, SUSAN W 10708 PRESERVE LAKE DR. #108 TAMPA, FL 33626	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTS GANNON, SUSAN W 8186 PINTO DRIVE LAKE WORTH, FL 33467	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Susan W Gannon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 11/11/04 DAYTIME PHONE # 813 299 4772

To: Florida Dept. of State

In reference to the letter dated 9/2/04
Ref # P9800000967 - My original application
provided ck # 5366 for 185. - I received
this letter stating my application was void
of this ck. - I did not receive this letter
at my residence til Oct 11th I am
in West Palm Bch County and my house
was devastated in both Hurricane Frances
& Jeanne. I am respectfully asking
for you to waive any additional fees
as I am just now returning to my
house - Please excuse the stationery

Sincerely
Susan A. Garver
Donella S. Staples Inc