

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000017479

1. Corporation Name

HUNTER OAKS STABLE, INC.

Principal Place of Business

5305 INTERBAY BOULEVARD
TAMPA FL 33611

Mailing Address

5305 INTERBAY BOULEVARD
TAMPA FL 33611

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

02/19/1998

5. FEI Number

59349421

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PSTD	RIVETTS, JAMES P	409 S. AUDUBON AVENUE - #3	TAMPA FL 33609

500003029615-1
-10/29/99--01081--018
*****150.00 *****150.00

LS

8. Name and Address of Current Registered Agent

THOMPSON, PATRICK
5305 INTERBAY BOULEVARD
TAMPA FL 33611

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

Pat Thompson

REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/15/99

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:

James Rivetts
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/14/99

Date

813-935-7227

Daytime Phone #

10/15/99

(2)

Katherine Lewis,

I was shocked and surprised to receive a notice of revocation. I have honestly not recieved any invoices or correspondence from the state. This is my first year in business, and I have tried very hard to obey all Rules. I had called the office of the state and they told me to mail the check for \$150.

Sincerely
James Rowett

813-835-7227

HUNTER OAKS STABLE
5305 INTERBAY BLVD
TAMPA, FL
33611