

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000036455

1. Corporation Name

Buckingham Stables, Inc.

W10 - 8910

2. Principal Office Address - No P.O. Box #

1900 Sunset Harbour Dr

Suite, Apt. #, etc.

PH2

City & State

Miami Beach, FL

Zip

33139

Country

USA

3. Mailing Office Address

5505 Interstate North Pkwy, NW

Suite, Apt. #, etc.

City & State

Atlanta, GA

Zip

30328

Country

USA

7. Name and Address of Current Registered Agent

Name

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

Jennifer F. Aultman  
Assistant Secretary

Date 2/16/2010

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
D	Jack T. Hammer	1900 Sunset Harbour Dr., PH#2	Miami Beach, FL 33139
S	Douglas C. Trivers	5505 Interstate North Parkway, NW	Atlanta, GA 30328

10. E-mail Address:

(To be used for future annual report notification)

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. I further certify, 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:

*Douglas C. Trivers* CB

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/10

Date

(770) 952-2233

Daytime Phone #

FILED

10 MAR -4 PM 4:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

300170156003  
02/23/10--01002--003 \*\*750.00

REINSTATEMENT

01/09 68-10

4. Date Incorporated or Qualified  
To Do Business in Florida 04/22/1998

5. FEI Number  
650830246

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required  
for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

300170156003  
02/04/10--01029--013 \*\*300.00