

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN 22 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000102300

1. Corporation Name

La Paloma Stables, Inc.

2. Principal Office Address

6742 NW 82nd Terrace

Suite, Apt. #, etc.

3. Mailing Office Address

6742 NW 82nd Terrace

Suite, Apt. #, etc.

City & State

Parkland, Florida

City & State

Parkland, Florida

Zip

33067

Country

Broward

Zip

33067

Country

Broward

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/07/98

5. FEI Number

65-0877467

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

McGinnis, Theresa R.

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

6742 NW 82nd Terrace

Suite, Apt. #, Etc.

City

Parkland

State

FL

Zip Code

33067

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**

Theresa R. McGinnis

REGISTERED AGENT MUST SIGN

Date 01-16-03

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 |
|---------------|--|---|---------------------------|
| P | McGinnis, Theresa R. | 6740 NW 82nd Terrace | Parkland, Florida 33067 |
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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:

Theresa R. McGinnis
SIGNATURE AND TYPED/OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

01-16-03

Daytime Phone #

954-818-2662

CR2E081 (10/02)

1/23