


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P99000034565

1. Corporation Name

THOROUGHbred AUTO SALES, INC.

Principal Place of Business

Mailing Address

~~765 S.W. 80TH STREET
OCALA FL 34476~~

~~765 S.W. 80TH STREET
OCALA FL 34476~~

65 N. Florida Ave.
Inverness FL 34453

same

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.

65 N. Florida Ave.

same

City & State

City & State

Inverness FL

Zip

Country

Zip

Country

34453

USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/13/1999

5. FEI Number

59-3570730

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	4 City / State / Zip
D	KIRKPATRICK, W R	765 S.W. 80TH STREET	OCALA FL 34476
P/D	Donald A. Zinn	65 N. Florida Ave.	Inverness FL 34453

200004719352--7

12/11/01 01073 022

****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KIRKPATRICK, W R
765 S.W. 80TH STREET
OCALA FL 34476

Name Donald A. Zinn

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

65 N. Florida Avenue

Suite, Apt. #, Etc.

City Inverness

State FL

Zip Code

34453

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

 SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11-8-2001

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:

 SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-8-2001 352-266-0192

Date

Daytime Phone #