

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

6

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P99000044473

1. Corporation Name

PRIMETIME STABLES, INC.

00 OCT 20 PM 4:47

Principal Place of Business

5321 SOUTHWEST 26 TERRACE
FORT LAUDERDALE FL 33312

Mailing Address

5321 SOUTHWEST 26 TERRACE
FORT LAUDERDALE FL 33312



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

05/17/1999

5. FEIN Number

15-0914891

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
PDS	COLLINS, WAYNE D.	5321 SOUTHWEST 26 TERRACE	FT LAUDERDALE, FL. 33312

000003455160--6
-11/07/00--01067--018
***150.00 ***150.00

AT 10/31

8. Name and Address of Current Registered Agent

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

Wayne D. Collins

Date 18 October 2000

REGISTERED AGENT MUST SIGN

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

18 October 2000

Date

Daytime Phone #

CR2E040 (8/00)

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RICHARD L. RIESENBERG
ACCOUNTING
HALLANDALE FINANCIAL DISTRICT
644 E. HALLANDALE BEACH BOULEVARD
HALLANDALE, FL 33009

TELEPHONE 954-458-5514 FAX 954-458-4335

OCTOBER 17, 2000

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
PO BOX 6327
TALLAHASSEE, FL 32314-6327

RE: PRIMETIME STABLES, INC CHARTER # P99000044473

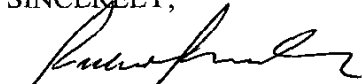
TO WHOM IT MAY CONCERN,

ENCLOSED HERewith IS THE APPLICATION FOR REINSTATEMENT FOR THE
ABOVE REFERENCED CORPORATION.

MY CLIENT AND IT'S REGISTERED AGENT, WAYNE COLLINS, CONTEND
THAT THE ORIGINAL 2000 ANNUAL REPORT/UNIFORM BUSINESS REPORT
WAS NOT RECEIVED. AFTER TALKING TO THE MAIL CARRIER, WE CAN
ONLY SPECULATE THAT THE ORIGINAL DOCUMENT WAS NOT PLACED IN
THE PROPER MAILBOX FOR LACK OF COMPLETE ADDRESS INFORMATION.
MR. COLLINS LIVES IN A COMMUNITY WHERE THERE ARE GROUPS OF
MAILBOXES FOR THE RESIDENTS. EACH MAILBOX IS CLEARLY MARKED
WITH THE NAMES OF THE INDIVIDUALS. WITHOUT HAVING "C/O WAYNE
COLLINS" ON THE ADDRESS LABEL, THERE WOULD BE NO WAY THAT A
DOCUMENT ADDRESSED TO PRIMETIME STABLES, INC WOULD BE PLACED
IN THE MAILBOX OF WAYNE COLLINS. WE HAVE CORRECTED THIS
SITUATION ON THE REINSTATEMENT FORM.

ON BEHALF OF MY CLIENT, I AM REQUESTING AN ABATEMENT OF THE
REINSTATEMENT FEE DUE TO REASONABLE CAUSE.

SINCERELY,


RICHARD L. RIESENBERG

ENCL: FILLED IN APPLICATION FORM AND FEE OF \$150.00