

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

P3 192

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JAN 24 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000055488**

1. Corporation Name

Ocala Thoroughbred Farms, Inc.

2. Principal Office Address

**350 5th Avenue
Ste. 3304**

City & State

New York, NY

Zip

10118

Country

USA

3. Mailing Office Address

1669 NW 114th Loop

Suite, Apt. #, etc.

City & State

Ocala, FL

Zip

34475

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

June 1999

5. FEI Number

59-3586992

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

JOSEPH PARADELO

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

1669 N.W. 114th Loop

Suite, Apt. #, etc.

OCALA FL 34475

City

State

Zip Code

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

11/21/05

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
Pres. C.E.O.	Joseph Paradelo	1669 NW 114th Loop	Ocala, FL 34475
			800045622628 01/31/05--01008--011 **150.00
			800045622628 01/31/05--01008--012 **150.00
			REINSTATEMENT 04-05
			th

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/6/05

Daytime Phone #

(352) 620-0236

CR2E001 (01/04)

PS 212



OCALA THOROUGHBRED FARM, INC.

1669 NW 114th Loop, Ocala, FL 34475
Ph (352) 620-0236 Fax (352) 620-0232 Email: otfinc@earthlink.net

January 21, 2005

Florida Dept. of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Ref. Number: P99000055488

To Whom it may concern:

I write this letter to formally request a fee abatement on reinstating Ocala Thoroughbred Farms, Inc. for 2004 and 2005. We did not receive any documentation billing us for the two years.

The last documentation that I received stated that we were reinstated and I have enclosed a copy of your letter dated March 26, 2004. Enclosed I have named a new agent which is myself, the President of the corporation rather than my attorney in New York. I have also enclosed two checks in the amount of \$150.00 each for 2004 and 2005 reinstatement.

Thank you for your patience and understanding in this matter. If you have any further questions or concerns, please feel free to contact me at the phone number listed above.

Sincerely,


Joseph Paradelo
President