

APPLICATION  
FOR  
REINSTATEMENT



APPROVED  
AND  
FILED

DOCUMENT # P99000110853

**SEZ WHO THOROUGHBREDS, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Mailing Address

19707 TURNBERRY WAY.TS #4  
AVENTURA FL 33180

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

12/27/1999

Applied For

Not Applicable

Country

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
PST	<i>RICHARD SIMON</i>	<i>19707 TURNBERRY WAY T.S.#4</i>	<i>AVENTURA, FL 33180</i>
			400003447444--1 -11/01/00--01084--025 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

**9. Name and Address of New Registered Agent**

SIMON, RICHARD  
19707-TURNBERRY WAY,TS #4  
AVENTURA FL 33180

Name \_\_\_\_\_

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

Suite, Apt. #, Etc.

City

State	Zip Code
FL	

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

REGISTERED AGENT MUST SIGN

Date 10/17/00

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

RICHARD SIMON

10/17/00

Date \_\_\_\_\_

305/932-5414

Daytime Phone # \_\_\_\_\_

CR2E040 (8/00)