

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 OCT 18 PM 7:19

DOCUMENT # **S70823**

1. Corporation Name

**SADDLEBROOK DOWNS OF SANTA ROSA BEACH, INC.**

Principal Place of Business

Mailing Address

6415 THOMAS DR  
~~PANAMA CITY FL 32408~~  
US

P.O. BOX 1610  
SANTA ROSA BEACH FL 32459  
US



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

**REINSTATEMENT 01**

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

08/05/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3095999

Applied For

Not Applicable

City & State

City & State

Panama City Beach, FL  
Zip 32408 Country U.S.

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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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	JONES, J. MICHAEL	201 HIGHLAND AVE	SANTA ROSA BCH FL 32459
VP	JONES, JUSTIN M	336 HILLTOP DR	SANTA ROSA BEACH FL 32459

500004661305--0  
-10/31/01--01061--021  
\*\*\*\*\*750.00 \*\*\*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JONES, J.M.  
6415 THOMAS DR  
107  
PANAMA CITY FL 32408

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

10/16/01

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/16/01

Daytime Phone #

AD

CR2E040 (8/01)