

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 JUN 28 PM 4:03

RECEIVED
TALLAHASSEE, FLORIDA

DOCUMENT # **V00539**

1. Corporation Name

Riding Horse Leasing, Inc.

2. Principal Office Address

5534 Turkey Creek Rd

Suite, Apt. #, etc.

3. Mailing Office Address

5534 Turkey Creek Rd

Suite, Apt. #, etc.

City & State

Plant City FL

Zip

33567

Country

USA

City & State

Plant City FL

Zip

33567

Country

USA

REINSTATEMENT

93-05

4. Date Incorporated or Qualified
To Do Business in Florida

12-16-1991

5. FEI Number

593097904

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

Peggy Womack

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

5534 Turkey Creek Rd

Suite, Apt. #, Etc.

City

PLANT CITY FL

State

FL

Zip Code

33567

800057346138
07/12/05--01033--011 ***2550.00

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

Peggy L. Womack

REGISTERED AGENT MUST SIGN

Date

6-27-05

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
P	Peggy Womack	5534 Turkey Creek Rd	Plant City, FL 33567

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:

Peggy L. Womack

Director

6-27-05

8132990686

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/05)