

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS



**DOCUMENT # F97000001468**

1. Corporation Name

**THOROUGHbred RETIREMENT FOUNDATION, INC.**

Principal Place of Business

1050 STATE HWY 35 #351  
SHREWSBURY NJ 07702

Mailing Address

1050 STATE HWY 35 #351  
SHREWSBURY NJ 07702

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

03/21/1997

5. FEI Number

13-3132741

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
DP	KOEHLER, MONIQUE S	174 DEEPDALE DR	MIDDLETOWN NJ 07748
DV	LANDON, DEBORAH	410 EE 57TH ST	NY NY 10022
DV	HODES, CAROL	66 STAGHORN DR	MATAWAN NJ 07747
D	BELDEN, JAMES	520 SWEET WOOD WAY	WELLINGTON FL 33414
D	CHENERY, PENNY	825 WALNUT HILL RD	LEXINGTON KY 40515
D/P	FURST, ALAN	MILLBROOK RD	NEW VERNON NJ 08816

8. Name and Address of Current Registered Agent

JONES, ELLIE  
3863 WOODS WALK BLVD  
LAKE WORTH FL 33467

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

600002730696--2

-01/05/99--01071--010

\*\*\*\*236.25 \*\*\*\*236.25

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

**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

12/28/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐

No ☒

(See other side for information on intangible tax.)

12. 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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/30/98

802-767-4913  
Daytime Phone #

CR2E040 (9/98)