

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

04 NOV 17 AM 11:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

SR2E098 (6/04)

24

DOCUMENT # P03000105558					
1. Entity Name JIM'S RACING ENTERPRISES, INC.					
Principal Place of Business 4441 KATHLEEN RD. LAKELAND, FL 33810			Mailing Address 2220 GATOR CREEK RANCH RD. LAKELAND, FL 33809		
2. Principal Place of Business		3. Mailing Address 4441 Kathleen Rd			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Lakeland FL		4. FEI Number 42-1605419	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33810		Country			
6. Name and Address of Current Registered Agent FELUMLEE, JAMES E 2220 GATOR CREEK RANCH RD. LAKELAND, FL 33809			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<div>FILE NOW!!! FEE IS \$150.00</div> <div>After January 1, 2005, Fee will be \$300.00</div> <div>In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.</div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE: President NAME: James Felumlee STREET ADDRESS: 2220 Gator Creek Ranch Rd. CITY-ST-ZIP: Lakeland, FL 33809			TITLE: Address only NAME: (4441 Kathleen Rd) STREET ADDRESS: (Lakeland FL 33810) CITY-ST-ZIP: (33810)		
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____			TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____		
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____			TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____		
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TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____			TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>James Felumlee / James Felumlee</u> 11/10/04 863-815-0995 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					