

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *PAGE 1 of 2*

APPLICATION FOR



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

DOCUMENT # **P99000015996**

1. Corporation Name
R.L.H. ADVISORY, INC.

FILED

01 OCT 23 PM 5:29

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
138 S. STATE RD. #415 NEW SMYRNA BEACH FL 32168	138 S. STATE RD. #415 NEW SMYRNA BEACH FL 32168



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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida
	<i>P.O. Box 1500</i>	02/17/1999
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number
	<i>New Smyrna Beach</i>	59-3559773
City & State	City & State	Applied For
	<i>Florida</i>	<input type="checkbox"/> Not Applicable
Zip	Zip	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>
	<i>32170</i>	<input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status
Country	Country	
	<i>US</i>	

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
D	HART, ROBERT L	138 S. STATE RD. #415	NEW SMYRNA BEACH FL 32168

S000004674715--5
 -11/13/01--01004--008
 ***150.00 ***150.00

OLUBR 18

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
HART, ROBERT L 138 S. STATE RD. #415 <i>2523 State Rd 415</i> NEW SMYRNA BEACH FL 32168		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 *Robert L Hart* **REGISTERED AGENT MUST SIGN** Date *10/18/01*

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: *Robert L Hart* **REGISTERED AGENT MUST SIGN** Date *10/18/01* *386-527*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # *6010*

CR20040 (8/01)



ORLANDO SPEEDWORLD & NEW SMYRNA SPEEDWAY
P.O. Box 1500 • New Smyrna Beach, FL 32170
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October 18, 2001

Division of Corporations
Annual Report/Reinstatement Section
P. O. Box 6327
Tallahassee FL 32314-6327

To Whom It May Concern:

After speaking with Steve on the telephone this A.M. we are forwarding these reports along with a check for \$150.00 on each. The originals of these were never received in this office.

I have put our Post Office Box number in for future mailings. We have always made sure these were filed properly.

Sincerely,

Sandy Nerone
Sandy Nerone
Office Manager