→ PLEASE READ /	ALL INSTRUCTIONS	, BEFORE COM	PLETING THIS FORM	J.	
APPLICATION FOR FOR Sandra B. Morthafn Secretary of State DIVISION OF CORPORATIONS		NT OF STATE thafn state	FILED		
DOCUMENT # 731136			97 MAR 28 PM 3: 32		
1. Corporation Name American Motoreyeist Association Districts, Chub Council INC			SECRETARY OF STATE		
Principal Place of Business Mailing Address					
2778 Wag on Wheel Cricle					
Onl Fila 32822		BEIM	OTATELEEL	01 1174	
If above addresses are incorrect in any way, line through incorrect information and enter correction beld 7. I. New Principal Office Address, If Applicable 3. New Mailing Address, If Applicable			4. Date Incorporated of Qualified		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		Do Business in Florida		
City & State	City & State		33-224 <i>2940</i>	Applied For Not Applicable	
Zip Country	Zip Country	/ 6 CE	ERTIFICATE OF STATUS DESIRED	.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/o	·		ectors)		
Title(s) 1 Name of Officers and/or Directors 2	Off	eet Address of Each icer and/or Director se Post Office Box Numbers	or City / State / Zip		
Pres John S. CrAwford	2778 Was	on Wheel Gic	L. Onl FA	32822	
V.P. Charles E. Hil	e 1125 Blu	nefield Rd	Odessa FL		
Seco Roxanna Snow 14 Woo		Lake Dr Port Olange FL 32119			
Trees Jan Williamson 7102		15# Terr have Large FL 33773			
			100002130	13,11	
			-04/01/3/-}-\ *********	28 04 08.25	
8. Name and Address of Current R	egistered Agent	9. Na Name	me and Address of New Registered	Agent	
John S. Crawford 2778 Wagon Wheel Gale		Street Address (P.O. Box Number is Not Acceptable) 2778 Wagon Wheel Gacle Sulte. Apr. #, Etc.			
OKL FL 32822		City OnLando State Zip Code FL 32822			
10. Libeing appointed the registered agenitof the above	re named corporation, am familiar wi	4			
Signature of Registrored Agent Am S REG	GISTERED AGENT MUST SIGN		Date Feb 20	1997	
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)					
12. I do hereby certify that the information supplied wilease the Division of Corporations from any liability certify that I am an officer or director or the receive this reinstatement application the reason for dissefees owed by the corporation have been paid. The under oath. John S. Charles	er or trustee empowered to execute plution has been eliminated, the con e information indicated on this appl	this application as provide porate name satisfies the re- ication is true and accurate	id for in chapter 607 or 617, F.S. I fur equirements of section 607.0401 or 6 e, and my signature shall have the sa	ther certify that when filing 17.0401, F.S., and that ali me legal effect as if made	
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Fub. 26 # 1997 407.380.0331 Date Daylime Phone #					