PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT

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

APPROVED AND FILED
97 NOV -7 PM 1:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 757767

1. Corporation Name
SOUTH FLORIDA TROTTING CENTER, INC.

Principal Place of Business	Mailing Address
7563 STATE ROAD 7 LAKE WORTH FL 33467	7563 STATE ROAD 7 LAKE WORTH FL 33467

REINSTATEMENT 97

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
Suite, Apt. #, etc.	1801 S Federal Hwy Suite, Apt. #, etc. 300
City & State	City & State Delray Beach FL
Zip / Country	Zip 33483 / Country

4. Date Incorporated or Qualified To Do Business in Florida: 04/28/1981

5. FEI Number: 59-2098051 ☐ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
VPD	DAISEY, GENE E	5505 FAIRWAY PARK DR #205	BOYNTON BEACH FL 33437
TD	BULLOCK, JIM	P.O. BOX 220 N/A	CAMPBELLVILLE, ONT., CANADA
SD	BROWN, GLEN	BOX 1000 N/A	INGLEWOOD, ONTARIO CANADA
PD	WAPLES, RON	R. R. #1	ROCKWOOD, ONT. CAN.
PD	Eric Cherry	1801 S Federal Hwy #300	Delray Bch FL 33483
SD	Veronica Cherry	1801 S Federal Hwy #300	Delray Bch, FL 33483

8. Name and Address of Current Registered Agent

FLANIGAN, JOHN F
625 NORTH FLAGLER DRIVE
9TH FLOOR
W PALM BEACH FL 33402

9. Name and Address of New Registered Agent

Name: Eric Cherry
Street Address (P.O. Box Number is Not Acceptable): 1801 S. Federal Hwy
Suite, Apt. #, Etc.: # 300
City: Delray Beach State: FL Zip Code: 33483

CR2E040 (8/97)

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] President
REGISTERED AGENT MUST SIGN

600002348546--8
Date 11/10/97-01169-001
****750.00 ****750.00

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] President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/3/97 Date
521-222-5267 Daytime Phone #

0060718 AF