

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 MAY 15 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F00000000522

1. Corporation Name

RACEWAY.NET INC.

2. Principal Office Address

7280 W. Palmetto Park Rd. QTA ASSOCIATES INC.

Suite, Apt. #, etc.

303N

City & State

Boca Raton FL

Zip

33434

Country

USA

3. Mailing Office Address

3711 NE 2TH AVE

Suite, Apt. #, etc.

3711 NE 2TH AVE

City & State

Lighthouse Pt, FL

Zip

33064

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

-1

5. FEI Number

65-0965508

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Angela Di Crescenzo

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

3711 NE 2TH Avenue

Suite, Apt. #, Etc.

City

Lighthouse Point

State
FL

Zip Code

33064

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

Angela Di Crescenzo

REGISTERED AGENT MUST SIGN

Date

3/18/02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PT	George Burmeister	10210 Fresh Meadow Lane	Boca Raton FL 33498
VPS	William Hoffman	7004 Mandann Dr.	Boca Raton FL 33433

10. 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:

William A. Hoffman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

934-782-4560

Daytime Phone #

CR2E081 (9/00)