

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F02000000525

1. Corporation Name

DEBS RACERS, INC.

Principal Place of Business

Mailing Address

1764 HWY 15  
ABILENE KS 67410

1764 HWY 15  
ABILENE KS 67410

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.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/28/2002

5. FEI Number

48-1236675

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	4 City / State / Zip
P	STRICKLAND, DEBORAH	1764 HWY 15	ABILENE KS
ST	STRICKLAND, DAVID	1764 HWY 15	ABILENE KS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LESPERANCE, KEN  
10436 - 3RD ST N., APT B  
ST PETERSBURG FL 33716

Name

TERRY GREEN

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

9100 PA. M. L. K. JR ST N. #1422

Suite, Apt. #, Etc.

City

ST. Pete

State

FL

Zip Code

33702

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Terry Green*

REGISTERED AGENT MUST SIGN

Date 11/3/03

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Deborah Strickland*

Date

11/3/03

Daytime Phone #

(785) 479-5510

CR2E040 (7/03)

**DEBS RACERS INC**

1764 HWY 15  
ABILENE, KS 67410

Phone (785) 479-5510  
Fax 479-2135

July 07, 2003

Attention: Florida Division of Corporations

Reference: Uniform Business Report

To whom it may concern;

Due to the fact that we operate our business in a rural area, I'm sad to say that too much of our mail gets delivered to incorrect addresses. The current volume of junk mail does nothing to help either. Whatever the cause, we did not receive our prior notice for this filing. All information is correct however and I am enclosing the original filing fee. It is my understanding that late fee can be waived when the original paperwork was not received. Thank-you for your cooperation in this matter.

Sincerely,

  
Deborah Strickland  
President

10/31/03

This letter was sent to your office on 7/7/03 along with a check for \$150. and the "corporate annual report." The check has been cashed by you and when I received notice that corporate status was revoked I called your office and was told that this letter and the form was probably separated from the check and misplaced. Please revise my status and fax me ASAP if anything is required.  
P.S.