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# APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED

97 JAN -6 AM 10:05

Read Instructions on Other Side Before Making Entries  
Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: DOCUMENT #

Race Aid, Inc.  
1014 Boca Ciega Isle Drive  
St. Pete Beach, FL 33706

H28091

2. If Address in Block 1 is incorporated in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.

Address

Address

City and State

Zip Code

3. Date Incorporated or Qualified To Do Business in Florida

10/31/84

4. FEI Number

59-2470494

FEI Number Applied For

FEI Number Not Applicable

5. \$8.75 Additional Fee required for a Certificate of Status

CERTIFICATE OF STATUS DESIRED ☒

6. Names and Street Addresses of Each Officer and/or Director

1 Title	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 and State
DP	Alfred R. Frankel	1014 Boca Ciega Isle Drive	St. Pete Beach, FL 33706
			8000002049768 3
			-01/08/97--01009--026
			***1583.75 ***1383.75
			92-97
			REINSTATEMENT

## REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

Alfred R. Frankel  
1014 Boca Ciega Isle Drive  
St. Pete Beach, FL 33706

8. Name and Address of New Registered Agent and/or Office

Name

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

City and State

FL.

Zip

9. 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

Alfred R. Frankel

REGISTERED AGENT MUST SIGN

Date

Jan 2, 1997

10. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

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 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director

Alfred R. Frankel

Date

Jan 2, 97

Daytime Phone #

813-367-2647

CR2E040 (8/92)