	PLEASE READ	LL INSTRUCTION	IS BEFORE COMPLET	ING THIS FORM.		
APPLICATION FLORIDA DEPAIR Sandra Secreta DIVISION OF			MENT OF STATE Northam of State			
DOCUMENT #J1834Q				99 FEB - 8 PM 3: 18		
Gator Race Track of Panama City Beach Inc.				SECRETARRY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of	Business	Mailing Address		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
1033 Pana	3 W HWY 98 ma City, FL	1033 w Hw. Panama Cit				
32407 If above addresses are incorrect in any way, line through incorrect information and enter correction below. REINSTATEMENT 3-40.7						
New Principal Office Address, If Applicable New Mailing Office Address, If Applicable New Mailing Office Address, If Applicable				Date Incorporated or Qualified o Do Business in Florida Tune 9, 1986		
Suite, Apt. #, etc. Suite, Apt. #, etc. 28/02 E Admi City & State City & State			miral PL 5 FEI Numb		Applied For	
Zip Country Zip Country Country Country Country S8.75 Additional Fee require						
7 4015 U.S.A Certificate of Status 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)						
Title(s)	Name of Officers and/or Directors	3 (D ₀ NO	Street Address of Each Officer and/or Director City / State / Zip Co NOT Use Post Office Box Numbers) 4			
P/O P	aul B. Edmonds	1 B. Edmonds 3320 W		Shawnee, OK 74801		
0 w	'anda Jones	28102	E Admiral PL	Ca 70054, OK 74015		
5/T10 m	Panuel E Jones	28102 6	28102 E Admira? PL Caroosa, OK		4015	
			5,000027771363 -02/16/9901067014			
					***1658.75	
					X)	
				Address of New Registered A		
Name Manuel E Street Address (P.O. Box Nu						
10333 W HWY 98 Suite, Apt. #, Etc.						
•			City Panama City	State FL	Zip Code 32 40 7	
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 Manuel S. Jones Registered Agent Must Sign Date 1/23/99						
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 JANUEL DE MANGE E JONES 1/23/99 918-266-2021 SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #						