

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

01 FEB 26 PM 2:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

574467

1. Corporation Name

A-1 RACEFUELS OF FLORIDA INC

2. Principal Office Address

1900 SKEES ROAD

Suite, Apt. #, etc.

City & State

WEST PALM BEACH FLA.

Zip

33411

Country

USA

3. Mailing Office Address

6901 WEST OKEECHOBEE BLVD

Suite, Apt. #, etc.

SUITE D5 P.O. Box 318

City & State

WEST PALM BEACH FL

Zip

33411

Country

USA

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\*\*\*308.75 \*\*\*308.75

4. Date Incorporated or Qualified  
To Do Business in Florida

MAY 22, 1987

5. FEI Number

65-0171932

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

STANLEY COVEN

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

6411 SAN MICHEL WAY

Suite, Apt. #, Etc.

City

DELRAY BEACH

State

FL

Zip Code

33484

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

Stanley Coven

Date 1-5-01

REGISTERED AGENT MUST SIGN

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
P	STANLEY COVEN	6411 SAN MICHEL WAY	DELRAY BEACH FL 33411
T	SAME AS ABOVE		
S	SAME AS ABOVE		
✓	SAME AS ABOVE		

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:

Stanley Coven STANLEY COVEN

Date

1-5-01 5614782524

Daytime Phone #

CP2E081 (9/99)