

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **MD4285**

1. Corporation Name
DAILY RACING ENTERPRISE, INC.
10922 HAWK VIEW CIRCLE
STUART, FLA. 34997

Principal Place of Business
10922 HAWK VIEW CIRCLE
STUART, FLA. 34997

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		4. Date Incorporated or Qualified To Do Business in Florida 2/12/85	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-2482664	
City & State		City & State		Applied For	
Zip		Zip		Not Applicable	
Country		Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P.D.R.A.	DUFF D. DAILY	10922 HAWK VIEW CIRCLE	STUART, FLA. 34997

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****165.00 ****165.00

JD
02-07

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

10922 HAWK VIEW CIRCLE
STUART, FLA. 34997

Name **Richard L. Shaw**
Street Address (P.O. Box Number is Not Acceptable)
2511 BOUCE DE LEON BLVD.
Suite, Apt. #, Etc.
209
City **CORAL GABLES**
State **FL** Zip Code **33134**

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 **Richard L. Shaw**
REGISTERED AGENT MUST SIGN

Date **August 20, 1997**

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., 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: **Duff Daily**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **7.7.97** Daytime Phone # **561-287-9106**

CP2E040 (12/96)

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DAILY RACING ENTERPRISE
10922 HAWKVIEW CIRCLE
STUART, FL 34997

Request taken by: mhodges
07-02-1997

The forms you recently requested from this office are:

- (1) 203. Reinstatement (Corp)

Should you have any questions or need any further information,
please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314

7/21/97

Please see Enclosed New Form
Filled out, we previously sent this on
April 23, 1997. Our check never cleared
we called & was told to fill this
out and send a new check for \$165.00
Thank you in advance for your help.