


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N00000003779**

1. Corporation Name

MARTIN COUNTY KARTING ASSOCIATION, INC.

Principal Place of Business

1291 SW SUNSHINE STREET
STEWART FL 34997

Mailing Address

1291 SW SUNSHINE STREET
STEWART FL 34997

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/05/2000

5. FEI Number

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	WORTH, DON	6639 LEE ST.	HOLLYWOOD FL 33024
ST	WORTH, CHARLES	17969 90TH STREET NORTH	LOXAHATCHEE FL 32470
D	COMSTOCK, GREG	1291 SW SUNSHINE STREET	STEWART FL 34997
D	BALLARD, SKIP	3762 REDMAN PARKWAY	LANTANA FL 33462
VD	DUNN, ANDREW	6015 HEATHER STREET	JUPITER FL 33458

8. Name and Address of Current Registered Agent

WORTH, DONALD
6639 LEE ST.
HOLLYWOOD FL 33024

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

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

Date

Daytime Phone #

To whom it may concern:

We did not receive previous filing notices, therefor we are filing at this time.


Donald Worth