

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 19 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000007324

1. Corporation Name

FLORIDA FORCE RACING, INC.

Principal Place of Business

1229 PERIWINKLE PLACE
WELLINGTON FL 33414

Mailing Address

1229 PERIWINKLE PLACE
WELLINGTON FL 33414
US



REINSTATEMENT 03

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

2. New Principal Office Address, If Applicable

14239 75th Lane N
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

14239 75th Lane N
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

10/01/2002

5. FEI Number

05-0532154

Applied For

Not Applicable

City & State
Loxahatchee FL

City & State
Loxahatchee FL

Zip
33470

Country
USA

Zip
33470

Country
USA

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	SOLETZKY, IRA T	1229 PERIWINKLE PLACE 14239 75th Lane N	WELLINGTON FL 33414 Loxahatchee FL 33470
T	GATES, LORRAINE M	1229 PERIWINKLE PLACE	WELLINGTON FL 33414
M	KATHY SHEETS	5049 Cornell Walk	Lake Worth, FL 33463-1546
S	LAURA PINGHOL	7805 Penwood Ct	Lake Worth, FL 33467
			500024863505 11/19/03--01067--006 **175.00 05/05/03 90098034 6625

8. Name and Address of Current Registered Agent

SOLETZKY, IRA T
1229 PERIWINKLE PLACE
WELLINGTON FL 33414

9. Name and Address of New Registered Agent

Name

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

14239 75th Lane N
Suite, Apt. #, Etc.

City

Loxahatchee FL

State

FL

Zip Code

33470

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. or 617.0505, F.S.

Signature of
Registered Agent

I. Soletzky

REGISTERED AGENT MUST SIGN

Date 10-14-03

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:

I. Soletzky

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-14-03

Daytime Phone #

CR2E040 (7/03)