

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 SEP 17 AM 8:00

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 102000007714

1. Corporation Name

DC OFF ROAD RC Park, INC.

2. Principal Office Address

3100 BRISTOL ST

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Sebring FL

City & State

Zip
33872

Country

Highlands

Zip

Country

REINSTATEMENT

03-04

MRD

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

05-0536825

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

McCormick's Rivaldo, P.L.

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

1213 Commerce Ave

Suite, Apt. #, Etc.

City

Sebring, FL 33870

State

FL

Zip Code

33870

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

REGISTERED AGENT MUST SIGN

Date

9/14/04

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
DP	Lockett, Keith	3100 Bristol St	Sebring FL 33872
DV	Turner, Sammie	902 W State St	Avon Park FL 33825
DR	Bartlett, Aaron	118 Spring Garden Rd	Sebring FL 33870

100041129581

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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)(f), 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

Charles K. Lockett

Date

9/13/04 (863) 396 5084

Daytime Phone #

9/13/04

Subj: Request for Reinstatement Fees to be waived
2003 UBR

From: DC OFF ROAD RC PARK, INC.

To whom it may concern:

This Corporation would like to have the Reinstatement Fees waived due the fact that this

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