PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 FEB 13 PM 12:24

DOCUMENT # N02000007714

REINSTATEMENT 05-06

CR2E081 (12/05)

1. Corporation Name
DC OFF-ROAD RC PARK, INC.

2. Principal Office Address
730 CR 17A EAST
Suite, Apt. #, etc.
AVON PARK, FL
City & State
Zip 33825 Country USA

3. Mailing Office Address
1015 E. CORNELL ST.
Suite, Apt. #, etc.
City & State
AVON PARK, FL
Zip 33825 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 10/7/02

5. FEI Number 050536825 ☐ 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: KATHY L. CHASE
Street Address (P.O. Box Number is Not Acceptable): 1015 E. CORNELL ST.
Suite, Apt. #, Etc.
600066214566
02/20/06--01073--018 **122.50
City: AVON PARK
State FL Zip Code 33825

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: Kathy L. Chase
REGISTERED AGENT MUST SIGN
Date 2/6/06

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	KEITH LOCKETT	1334 SUNSET DR.	SEBRING, FL 33870
DT	JUSTIN CHASE	1015 E. CORNELL ST.	AVON PARK, FL 33825
DS	KATHY L. CHASE	1015 E. CORNELL ST.	AVON PARK, FL 33825

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 contained in Chapter 119, 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: Justin Chase Justin Chase
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/06
Date

863-452-0407
Daytime Phone #

2/14 aw

TO WHOM IT MAY CONCERN,

ON THE REINSTATEMENT APPLICATION, BLOCK 3 SAYS: (NOTE, ANNUAL REPORTS WILL BE MAILED TO LAST KNOWN MAILING ADDRESS.) (REPORTS ARE NOT MAILED TO THE REGISTERED OFFICE ADDRESS.) ON THE PREVIOUS NON-PROFIT FORMS, THE PRINCIPLE OFFICE AND THE MAILING OFFICE ADDRESSES, HAVE BEEN CHANGED. ANY PAPERWORK, ETC. NEEDS TO BE SENT TO THE TREASURER OF OUR CLUB, (JUSTIN CHASE, 1015 E. CORNELL ST. AVON PARK, FL 33825-4319) THANK-YOU,
Kathy L. Chase

TO WHOM IT MAY CONCERN,

I, KATHY L. CHASE, THE REGISTERED AGENT AND SECRETARY OF THE DC OFF-ROAD RC PARK, INC. AM WRITTING TO INFORM YOU THAT WE DID NOT RECIEVE THE ANNUAL REPORT NOTICE FOR THE 2005 YEAR.

THANK-YOU,
Kathy L. Chase