

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

10 JAN 11 PM 12:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N07000007249

1. Corporation Name

NATIONAL JET RACING ASSOCIATION, INC.

2. Principal Office Address - No P.O. Box #

335 PARADISE ISLAND DR.

Suite, Apt. #, etc.

3. Mailing Office Address

335 PARADISE ISLAND DR.

Suite, Apt. #, etc.

City & State

HAINES CITY, FL

City & State

HAINES CITY, FL

Zip

33844

Country

USA

Zip

33844

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

07-23-2007

5. FEI Number

80-0522934



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

CHRISTOPHER R. LARSEN

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

335 PARADISE ISLAND DRIVE

Suite, Apt. #, Etc.

City

HAINES CITY

State

FL

Zip Code

33844

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

CHRISTOPHER R. LARSEN

Date 01/05/2010

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
RA/P/D	CHRISTOPHER R. LARSEN	335 PARADISE ISLAND DR.,	HAINES CITY, FL 33844
T/D	MICHAEL MATHES	219 BAYBERRY DR.	BYRON, GA 31008
VP/D	LAURA SOUTH	7078 SE SLEEPY HOLLOW LANE	STEWART, FL 34997

10. E-mail Address: CHRIS@LMSJETS.COM

(To be used for future annual report notification)

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. I further certify, 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:

CHRISTOPHER R. LARSEN

CHRISTOPHER R. LARSEN

Date

01/05/2010

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR