

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **N96000005405**

1. Corporation Name

TRI CITY KART CLUB, INC.

Principal Place of Business

Mailing Address

POST OFFICE BOX 1144
PINELLAS PARK FL ~~34664-1144~~

POST OFFICE BOX 1144
PINELLAS PARK FL ~~34664-1144~~

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

33780-1144

Zip Country

33780-1144

4. Date Incorporated or Qualified
To Do Business in Florida

10/18/1996

5. FEI Number

59-3408686

: 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
TD	CRAIG, SHEILA M	2701 66TH WAY N	ST. PETERSBURG FL 33710
PD	ANDRIES, HARRIET M	4946 73RD AVENUE N	PINELLAS PARK FL 33781
VD	COLEMAN, CRAIG	8214 127TH ST.N.	SEMINOLE FL 33776
SD	GULLIVER, JOANN	1701 KAY DRIVE	LARGO FL 33770

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HARRIET ANDRIES
4946 73RD AVENUE
PINELLAS PARK FL 33781

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. or 617.0505, F.S.

Signature of
Registered Agent

Harriet M. Andries

REGISTERED AGENT MUST SIGN

Date **12-8-03**

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:

Sheila M. Craig
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-9-03

Date

727-455-8995

Daytime Phone #

FILED

03 DEC 18 PM 3:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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