PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR 🌦 🚙 REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

N97000004541 DOCUMENT

1. Corporation Name

DAYTONA BEACH GREYHOUND ASSOC., INC.

Principal Place of Business

Mailing Address

JEO DÁVMOOD LAME

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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	•				- April	
If above addresses are incorrect in any way, line thro	ough incorrect information and ent	ter correction below	CINICT	atement	r HUU	
New Principal Office Address, If Applicable	3. New Mailing Office Address	, If Applicable		orated or Qualified		
1376 S. WEMBLEY CIRCLE	HOTA P.O. BOX	11092	To Do Business in Florida 08/08/1997		08/08/1997	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. FEI Number	-	Applied For	
City & State	City & State		FQ-340F232		Not Applicable	
PORT ORANGE, FL.	DAYTONA BEACH		6.			
72ip Country USA		untry JSA	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 corp	porations must list at lea	st 3 directors)		,	
Title(s) Name of Officers and/or Directors 1 2	3	Street Address of Each Officer and/or Director	h r City / State / Zip 4		/ State / Zip	
PD MORRISSEY, MICHAEL PO ALVES, RONALD F.		750 BAYWOOD LANE 1376 S. WEMBKY GIRCL		PORT ORANGE, FL 32124		
VD HOWARD, MARILYN-			ONAL SPÉEDWAY BLVD		DAYTONA BEACH FL 32114	
TSD ALVES, RONALD F.	1 876 S WEM E			PORT ORANGE FL S	10494	
		EO CANA!	RD #27		ONA, FL. 32119	
			•			
					3704	
			1000035327013 -01/11/0101045018 ****236,25 ****236,25		01045018	
					LS	
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent			
	Name	Name				
ALVES, RONALD F.		Street Address (P	Street Address (P.O. Box Number is Not Acceptable)			
1376 S WEMBLEY CIRCLE		Street Address (F.O. Box Natituel is Not Acceptable)				
PORT ORANGE FL 32124		Suite, Apt. #, Etc.				
_		City			tate Zip Code	
10. I, being appointed the registered agent of the about	ve named corporation, am familia	r with and accept the ob	oligations of Section	on 607.0505, F.S.		
Signature of Registered Agent	LURE REO	UIRED		1/28/	070	
	GISTERED AGENT MUST SIGN			Date		
11. I certify that I am an officer or director or the receiv	er or trustee empowered to execu	ute this application as p	rovided for in cha	pter 607 or 617, F.S. I fun	ther certify that when filing	
11. I certify that I am an officer or director or the receive this reinstatement application, the reason for disso	er or trustee empowered to execu	ute this application as p	rovided for in cha	pter 607 or 617, F.S. I fur	ther certify that when filing	

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.