

APPLICATION
FOR
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000002427

1. Corporation Name

FLORIDA MOTOR SPORTS HALL OF FAME, INC.

Principal Place of Business

1831 26 STREET NO
ST PETERSBURG FL 33713

Mailing Address

1831 26 STREET NO
ST PETERSBURG FL 33713

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

4. Date Incorporated or Qualified
To Do Business in Florida

04/27/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3603000

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒ ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P-D	DAVID RU DENIS	1831 26th Street North	St. Petersburg, FL 33713
S-T-D	GARY GATES	2911 4th Avenue North	St. Petersburg, FL 33713
D	RON PETERS	7035 60th Way	Pinellas Park, FL 34665
D	CHARLES PARKER	5046 71st Lane North	St. Petersburg, FL 34666

REINSTATEMENT 99 TS

300003082229--1
-12/28/99-01071-017
****245.00 ****245.00

8. Name and Address of Current Registered Agent

RU DENIS, FLORA
1831 26 STREET NO
ST PETERSBURG FL 33713

9. Name and Address of New Registered Agent

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.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date December 15, 1999

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

December 15, 1999 727-328-1927

Date

Daytime Phone #