PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
OCT 18 AM 10:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N99000004373**

1. Corporation Name

HOMESTEAD MIAMI SPEEDWAY VOLUNTEER, ASOC., INC.

Principal Place of Business	Mailing Address
660 SE 4TH AVE POMPANO FL 33060	660 SE 4TH AVE POMPANO FL 33060

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

REINSTATEMENT 2000

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	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 07/15/1999

5. FEI Number: 65-0938376 ☐ 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
~~D~~	~~RICKER, ROBERT~~	~~660 SE 4TH AVE~~	~~POMPANO FL 33060~~
D	SCHOLLMEYER, JAMES	12020 SW 110 ST CIR E	MIAMI FL 33186
D	LIGHTFOOT, ROBERT	29350 SW 144 AVE	MIAMI FL 33033
~~D~~	~~MARION, DENNIS~~	~~6771 SW 11TH ST~~	~~PEMBROKE PINES FL 33023~~
D	FIALLO, FRED	8141 SW 36 TERR	MIAMI FL 33155
D	RICKER, PATRICIA	660 SE 4TH AVE	POMPANO BEACH FL 33060

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
RICKER, ROBERT 660 SE 4TH AVE POMPANO FL 33060	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

100000154737 5
-11/07/00--01039--024
****236.25 ****236.25

CR2E040 (8/00)

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: Robert Ricker SIGNATURE REQUIRED — REGISTERED AGENT MUST SIGN

Date: 10-15-00

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: Patricia A Ricker SIGNATURE REQUIRED — 10-15-00 — 954-782-2829

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Patricia A Ricker

Date: 10-15-00

Daytime Phone #: 954-782-2829