

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N99000004373

1. Entity Name
HOMESTEAD MIAMI SPEEDWAY VOLUNTEER, ASOC.,
INC.



Principal Place of Business
15512 S.W. 142 COURT
MIAMI, FL 33177

Mailing Address
15512 S.W. 142 COURT
MIAMI, FL 33177

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10132005 REIN-NP

CR2E099 (6/04)

4. FEI Number
65-0938376

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VAN HORN, CHARLIE
15512 S.W. 142 COURT
MIAMI, FL 33127

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10-18-05

FILE NOW!!! FEE IS \$236.25
After January 1, 2006, Fee will be \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME VAN HORN, CHARLES
STREET ADDRESS 15512 S.W. 142 COURT
CITY-ST-ZIP MIAMI, FL 33177

TITLE V ☐ Delete
NAME LIGHTFOOT, ROBERT
STREET ADDRESS 29350 SW 144 AVE
CITY-ST-ZIP MIAMI, FL 33033

TITLE D ☐ Delete
NAME FIALLO, FRED
STREET ADDRESS 8141 SW 36 TERR
CITY-ST-ZIP MIAMI, FL 33155

TITLE ☐ Delete
NAME ~~SECRETARY~~
STREET ADDRESS ~~29350 SW 144 AVE~~
CITY-ST-ZIP ~~MIAMI, FL 33033~~

TITLE S ☐ Delete
NAME GARRETT, KAREN
STREET ADDRESS 11036 SW 123 CT
CITY-ST-ZIP MIAMI, FL 33186

TITLE D ☐ Delete
NAME KRASLEY, COREY
STREET ADDRESS 9020 SW 50 ST
CITY-ST-ZIP MIAMI, FL 33173

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 300060831973
STREET ADDRESS 10/20/05--01058--014 **236.25
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME *for wles*
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-18-05 305-211-3821