

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JUN 19 PM 4: 12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 800000011040

1. Corporation Name

Hot Laps, Inc.

WOT-26764

2. Principal Office Address - No P.O. Box #
150 Midway Dr

3. Mailing Office Address
150 Midway Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Sebring, FL

City & State
Sebring, FL

Zip
33870

Country
USA

Zip
33870

Country
USA

REINSTATEMENT GR25081 (1/07) 02-07

4. Date Incorporated or Qualified
To Do Business in Florida **1/27/2000**

5. FEI Number
65-0978929

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Reinhard Haubner

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

Suite, Apt. #, Etc.

City
Sebring

State
FL

Zip Code
33870

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

X *[Signature]*
REGISTERED AGENT MUST SIGN **REINHARD HAUBNER**

Date **5-18-07**

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	T Mastandrea	1397 Broadway Ave	Braselton, GA 30517
D	Tres Stephenson	150 Midway Dr	Sebring, FL

500103431635
05/29/07--01032--002 **1200.00

700104765657
06/22/07--01064--003 **308.75

10. 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 contained in Chapter 119, 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] **Tres Stephenson**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/18/07

Daytime Phone #

863 655 1442

B. Mitchel JUN 18 2007