

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 DEC 13 PM 3:25

SECRETARY OF STATE  
TALLAHASSEE, FL 32301

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12/13/02--01020--016 \*\*150.00

DOCUMENT #

000000031062

1. Corporation Name

Southern Raceway of Milton,  
FLORIDA, INC

2. Principal Office Address

9359 NICHOLS LAKE RD

Suite, Apt. #, etc.

City & State

MILTON, FL

Zip  
32583

Country  
SANTAROSA

3. Mailing Office Address

9359 NICHOLS LAKE RD

Suite, Apt. #, etc.

City & State

MILTON, FL

Zip  
32583

Country  
SANTA ROSA

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

59-3632575

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

MICHAEL H. ARNOLD

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

9359 NICHOLS LAKE RD

Suite, Apt. #, Etc.

City

MILTON FLORIDA

State  
FL

Zip Code  
32583

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

Michael H. Arnold

Date 12-10-02

REGISTERED AGENT MUST SIGN

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
O	M.J. ARNOLD	8595 SCENIC HILLS DR	PENSACOLA, FL 32514
P	MICHAEL H. ARNOLD	1245 Hwy 95A South	CANTONMENT 32533
M	SANDRA K. WILLIAMS	1245 Hwy 95A South	CANTONMENT 32533

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 under section 119.07(3)(f), 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:

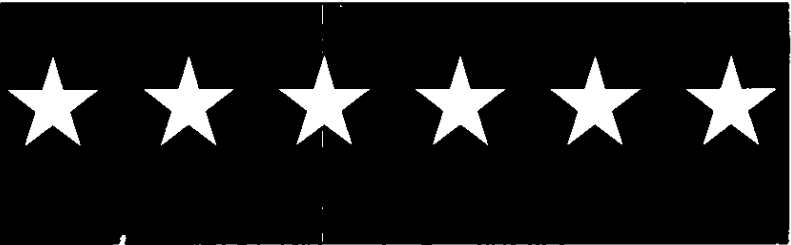
Michael H. Arnold  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-10-02 8506232333

Daytime Phone #

20f2



TO: WHOM IT MAY CONCERN  
United We Stand

I CALLED IRS  
BOTH NOTICES WERE RETURNED  
SENT TO WRONG ADDRESS  
PLEASE WAIVE ★  
REINSTATEMENT FEE!

ALSO IT IS WRONG FEI#  
59-3627168  
↑  
PERSONAL

SHOULD BE  
59-3632575

THANK YOU SO MUCH!

12-10-02



In memory of those lost, a portion of the profits from the sale of this notepad will be donated to the American Red Cross