

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 OCT 30 PM 4:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P00000046259

1. Corporation Name

PRADO RACING INC.

Principal Place of Business

Mailing Address

1519 SHARE LANE WAY  
HOLLYWOOD FL 33019

1519 SHARE LANE WAY  
HOLLYWOOD FL 33019

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

2. New Principal Office Address, If Applicable

1519 SHORE LANE WAY  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

1519 SHORE LANE WAY  
Suite, Apt. #, etc.

City & State  
HOLLYWOOD FL

Zip  
33019

Country

City & State  
HOLLYWOOD FL

Zip  
33019

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/09/2000

5. FEI Number

65-1008041

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	PRADO, EDGAR	1519 SHORE LANE WAY	HOLLYWOOD FL 33019

8. Name and Address of Current Registered Agent

WASSERSTROM, BARRY  
4621 HOLLYWOOD BLVD STE 100  
HOLLYWOOD FL 33021

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. or 617.0505, F.S.

Signature of  
Registered Agent

Date

REGISTERED AGENT MUST SIGN

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)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/22/03

954-374-0313

CR2E040 (7/03)

**PRADO RACING INC.  
1519 SHORE LANE WAY  
HOLLYWOOD, FL. 33019**

October 22, 2003

Department of State  
Division of Corporations  
P.O. box 6327


Dear Sir or Madam:

Please be advised as per the person I spoke with at the Department of State I am requesting that the penalty for filing the 2003 report/uniform business report form as required by law be waived.

The failure for not filing the report is due to the state having incorrectly spelled the name of the street and in so doing made it undeliverable by the United States Postal Authority.

At this time, I am enclosing a check of \$150.00 along with the application for reinstatement.

Sincerely,

  
Edgar Prado  
President