

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUN 30 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000067571

1. Corporation Name

Black Forest Racing Corp.

2. Principal Office Address

852 NE 72nd St.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State Boca Raton,
Florida

City & State

Zip
33487

Country
Palm Beach

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

279425842

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

Terry Cohen

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

852 NE 72nd Street, 100038459621

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33487

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

Terry Cohen

Date

6/25/04

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
P	Terry Cohen	852 NE 72nd Street	Boca Raton, FL 33487
VP	Deborah Cohen	852 NE 72nd Street	Boca Raton, FL 33487
S/T	Deborah Cohen	852 NE 72nd Street	Boca Raton, FL 33487

REINSTATEMENT

03-04

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)(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:

Terry Cohen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/25/04

Daytime Phone #

561 241-4645

CR2E001 (01/04)