

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 AUG 19 AM 10:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000087249**

1. Corporation Name

Raceline Inc

400007287394--2

-08/22/02--01059--016

******300.00 ****300.00**

2. Principal Office Address

7535 N Kendall Dr

Suite, Apt. #, etc.

UNIT 56

City & State

MIAMI, FL

Zip

33156

Country

Dade

3. Mailing Office Address

18936 NW 57 Ave

Suite, Apt. #, etc.

#208

City & State

MIAMI FL

Zip

33015

Country

Dade

4. Date Incorporated or Qualified
To Do Business in Florida

9-14-2000

5. FEI Number

65-1040296

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

Juan Rivas

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

13040 SW 108 St Circle

Suite, Apt. #, Etc.

City

MIAMI

FL

State

FL

Zip Code

33186

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**

Date

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
Pres.	Juan Rivas	13040 SW 108 St. Cir.	MIAMI, FL 33186
VICER	DIANA GERRA	18936 NW 57th Av. #208	MIAMI, FL 33015

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)(i), 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 **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

08/19/02

11 8/19/02

CR2E081 (9/01)