

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 OCT 24 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000047012

1. Corporation Name

RACERMAN, INC.

REINSTATEMENT

03

Principal Place of Business

2874 NORTH MILLER DRIVE
PALM BEACH GARDENS FL 33410

Mailing Address

2874 NORTH MILLER DRIVE
PALM BEACH GARDENS FL 33410



100024056691
10/24/03--01002--018 **750.00

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

2. New Principal Office Address, If Applicable

11350 PROSPERITY FARMS RD

Suite, Apt. #, etc.

104

City & State

Palm Beach Gardens, FL

Zip

33410

Country

U.S.A.

3. New Mailing Office Address, If Applicable

11350 PROSPERITY FARMS RD.

Suite, Apt. #, etc.

104

City & State

Palm Beach Gardens FL

Zip

33410

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/10/2001

5. FEI Number

65-1106945

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	GOUGHARY, JAMES J	2874 NORTH MILLER DRIVE	PALM BEACH GARDENS FL 33410

10/29

8. Name and Address of Current Registered Agent

GOUGHARY, NANCY
2874 N MILLER DRIVE
PALM BEACH GARDENS FL 33410

9. Name and Address of New Registered Agent

Name

James J. Goughary

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

2874 N. MILLER DR

Suite, Apt. #, Etc.

City

Palm Beach Gardens

State

FL

Zip Code

33410

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

REGISTERED AGENT MUST SIGN

Date 10-21-03

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-27-03

Date

561-801-0220

Daytime Phone #

CR2E040 (7/03)