

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P01000114160

1. Corporation Name

BROADFOOT RACING, INC.

Principal Place of Business

~~1640 SWIMMING SALMON PLACE SOUTH~~
JACKSONVILLE FL 32225

Mailing Address

1640 SWIMMING SALMON PLACE SOUTH
JACKSONVILLE FL 32225

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

2. New Principal Office Address, if Applicable

~~600 St. Johns Bluff Rd.~~
Suite, Apt. #, etc.

3. New Mailing Office Address, if Applicable

~~12655 Mt. Pleasant Rd~~
Suite, Apt. #, etc.

City & State

~~JACKSONVILLE, FL~~
Zip 32225 Country U.S.

City & State

~~JACKSONVILLE, FL~~
Zip 32225 Country U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

11/28/2001

5. FEI Number

☒ 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 |
|---------------|---|--|-------------------------|
| PSTD | BROADFOOT, KELLI | 1640 SWIMMING SALMON PLACE SOUTH | JACKSONVILLE FL 32225 |
| P | Albert Broadfoot | 12655 Mt. Pleasant Rd | JACKSONVILLE, FL 32225 |
| S | Kelli Broadfoot | 12655 Mt. Pleasant Rd | JACKSONVILLE, FL 32225 |
| | | | |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

BROADFOOT, KELLI
1640 SWIMMING SALMON PLACE SOUTH
JACKSONVILLE FL 32225

9. Name and Address of New Registered Agent

Name
Albert Broadfoot III
Street Address (P.O. Box Number is Not Acceptable)
12655 Mt. Pleasant Rd.
Suite, Apt. #, Etc.

City
JACKSONVILLE

State
FL

Zip Code
32225

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

Albert Broadfoot III
REGISTERED AGENT MUST SIGN

Date 11-27-02

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:

Albert Broadfoot III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

03 MAY 29 AM 11:16

SECRETARY OF STATE
TALLAHASSEE FLORIDA



600009738386
12/30/02--01065--004 **150.00

600009738386
05/23/03--01063--006 **150.00

CR2E040 (8/02)

Broadfoot Racing, Inc.

12655 Mt. Pleasant Road
Jacksonville, FL 32225
(904) 722-0777

November 27, 2002

Division of Corporations

~~Annual Report / Reinstatement Section~~

P.O. Box 6327

Tallahassee, FL 32314-6327

Dear Division of Corporations:

SUBJECT: REINSTATEMENT / FEE WAIVER

Our company has experienced several moves this year, and we did not receive our renewal from the Division of Corporations. I received the dissolution notice on November 25, 2002. The Post Office had been holding it along with about 2 months of our mail from an old P.O. Box.

This has been a very difficult year for our company and we appreciate your assistance in this matter.

Sincerely,



Albert Broadfoot
President
Broadfoot Racing