

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 31 AM 9:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000002851**

1. Corporation Name

**EZ-RIDE GOLF AND UTILITY VEHICLES, INC.**

Principal Place of Business

Mailing Address

751 SE 80TH STREET  
OCALA FL 34480

751 SE 80TH STREET  
OCALA FL 34480

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Is the corporation or qualified  
To Do Business in Florida

01/09/2002

5. FEI Number

Applied For

30-0036521

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	ARNOLD, DAVID	751 SE 80TH STREET	OCALA FL 34480

500024338575  
10/31/03--01081--014 \*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~FASSETT, LADD H~~  
~~1325 WEST COLONIAL DRIVE~~  
~~ORLANDO FL 32804~~

Name

RD Arnold Jr

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

751 SE 80th ST

Suite, Apt. #, Etc.

OCALA

City

State

FL

Zip Code

34480

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

RD Arnold Jr

Date 10-23-03

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)(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:

RD Arnold Jr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-23-03

Date

(352) 861-7433

Daytime Phone #

CR20040 (7/03)