

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 NOV 19 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000034917

1. Corporation Name

CIRCLE R ARENA, INC.

Principal Place of Business

Mailing Address

5757 COUNTY ROAD 472
OXFORD FL 34484

5757 COUNTY ROAD 472
OXFORD FL 34484

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. Date Incorporated or Qualified
To Do Business in Florida

04/01/2002

5. FEI Number

41-2036221

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)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip |
|---------------|---|--|-------------------------|
| | James I Rainey | 5757 CR 472 | OXFORD, FL 34484 |
| | (only officer) President | | |
| | Director | | |
| | Secretary | | |
| | | | |
| | | | |
| | | | |
| | | | |

200024329362

10/31/03--01028--007 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RAINEY, JAMES I
5757 COUNTY ROAD 472
OXFORD FL 34484

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2E040 (7/03)

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

10/23/03

11. I certify that I am an officer or director of 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/23/03
Date

Daytime Phone #

Circle R Arena, Inc.
5757 County Road 472
Oxford, Florida 34484

October 23, 2003

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Enclosed you will find a Corporation Reinstatement form for Circle R Arena, Inc. Also enclosed is a check for \$150 that will cover the annual fee for this year. We never received the forms in the mail last year.

We respectfully ask that the reinstatement fee be waived due to the fact that we did not receive the necessary forms and the non-payment was purely an oversight. We have paid all fees in a timely manner in the past and we continue to pay them in the future.

Thank you for your attention to this matter.

Sincerely,

Ike Rainey
OR