

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR **95-96**  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

96 NOV 26 PM 3:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000007163**

1. Corporation Name

**PRECISION MOTOR SPORTS, INC.**

Principal Place of Business

Mailing Address

~~4302 WEST MAIN STREET~~ ~~4302 WEST MAIN STREET~~  
~~MIMS FL 32754~~ ~~MIMS FL 32754~~  
3567 Industrial RD P. O. Box 58  
Titusville, FL 32796 Mims, FL 32754

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

400002017114--2  
-12/02/96--01041--007  
\*\*\*\$75.00 \*\*\*\$75.00

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, if Applicable

3567 Industrial RD  
Suite, Apt. #, etc.

3. New Mailing Office Address, if Applicable

P. O. Box 58  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

01/25/1994

5. FEI Number

59-3226068

Applied For

Not Applicable

City & State

Titusville, FL

City & State

Mims, FL

Zip

32796

Country

USA

Zip

32754

Country

USA

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PD	DOYON, ROGER	<del>4302 WEST MAIN STREET</del> 3567 Industrial Road	<del>MIMS FL 32754</del> Titusville, FL 32796
<del>VO</del>	<del>STARK, CHARLES W</del>	<del>1231 BAXTER POINT NORTH</del>	<del>MIMS FL 32754-0652</del>
<del>STD</del>	<del>HUNT, RICHARD R</del>	<del>P.O. BOX 125</del>	<del>90150 P.O. FL 32754-1402</del>

REINSTATEMENT

1996

A. Alan

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DOYON, ROGER  
~~4302 WEST MAIN STREET~~  
~~MIMS FL 32754~~  
  
3567 Industrial Road  
Titusville, FL 32796

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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.

Signature of  
Registered Agent

ROGER DOYON

REGISTERED AGENT MUST SIGN

SIGNATURE REQUIRED

Date 11/22/96

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information  
on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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 REQUIRED

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/22/96

Date

407-268-1300

Daytime Phone #