

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **P94000089618**

1. Corporation Name

**HOLESHOT DRAG WHEELS, INC.**

Principal Place of Business

1815 NO. HIGHWAY US 1  
ORMOND BEACH FL 32174

Mailing Address

1815 NO. HIGHWAY US 1  
ORMOND BEACH FL 32174

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

**FILED**  
96 DEC -2 PM 12:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT**

1996 12-2-96

4. Date Incorporated or Qualified To Do Business in Florida

12/09/1994

5. FEI Number

59-3281203

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	MORTON, LAWRENCE	1815 NO. HIGHWAY US 1	ORMOND BEACH FL 32174
ST	MORTON, MARLENE	1815 NORTH US HWY 1	ORMOND BEACH FL

700002018427-4  
-12/03/96--01139--001  
\*\*\*\*375.00 \*\*\*\*375.00

8. Name and Address of Current Registered Agent

MORTON, LAWRENCE MORTON, MARLENE  
1815 NO. HIGHWAY US 1  
ORMOND BEACH FL 32174

9. Name and Address of New Registered Agent

Name  
Marlene Morton  
Street Address (P.O. Box Number is Not Acceptable)  
1815 N. US. Hwy 1  
Suite, Apt. #, Etc.  
City  
ORMOND BEACH, FL  
State  
FL  
Zip Code  
32174

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

*Marlene Morton* **SIGNATURE REQUIRED**

Date 11-28-96

REGISTERED AGENT MUST SIGN

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.)

12. 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 110.07(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:

*Marlene Morton* **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-28-96 904-677-1166  
Date Daytime Phone