PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham Secretary of State FILED REINSTATEMENT **DIVISION OF CORPORATIONS** DOCUMENT # P95000008583 98 JUN -9 PM 2: N4 1. Corporation Name SECRETARY OF STATE
TALLAHASSEE. FLORIDA TROTTERS & PACERS, INC. Principal Riace of Business Mailing Address W RUSSELL & HULL % RUSSELL & HULL 597 HORTIN MAGRIGUA AVE. W 537 NORTH MAGNOLIA AVE. ORLANDO FL 32872 ORLANDO FL 32802 DUR AIXMESS If above addresses are incorrect in any way, line through incorrect information and enter correction below 2. New Principal Office Address, If Applicable
TROTTERS & PACURS JEC
Suite, Apt. #, etc. 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified
 To Do Business in Florida 7600 DR PHILIPS 02/01/1995 Suite, Apt. #, etc 5. FEI Number Applied For 59-3292239 City & State Not Applicable \$8.75. Additional Fee required CERTIFICATE OF STATUS DESIRED for a Certificate of Statu 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Title(s) and/or Directors Officer and/or Director (Do NOT Use Post Office Box Numbers) City / State / Zip PST firliotte, stewart m 4514 S LAKE ORLANDO PKWY ORLANDO FL 32808 REINSTATEMENT ****900.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent FIRLOTTE, STEWART M Street Address (P.O. Box Number is Not Acceptable) 1905 LEE RD. **ORLANDO (\$1.** 32810 Sulte, Apt. #, Etc. Zip Çode 10. I, being appointed the egistered agent of the above names corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent 11. This corporation owes or has paid the current year (See other side for information Intangible Personal Property tax due June 30. on intangible tax.) Yes Li∠ 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 filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the regulrements 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. epil 14/98 Davtime Phone #