

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

97 JAN -7 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000017720

1. Corporation Name

RIDLING MOTOR SPORTS, INC.

Principal Place of Business

Mailing Address

~~7990 S.E. 59TH CIRCLE~~
~~OKEECHOBEE FL 34974~~

~~7990 S.E. 59TH CIRCLE~~
~~OKEECHOBEE FL 34974~~



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

2. New Principal Office Address, If Applicable

~~606-A Performance Rd~~
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

~~606-A Performance Rd~~
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

03/03/1995

City & State

Mooresville NC

City & State

Mooresville NC

Zip

28115

Country

Rowan

Zip

28115

Country

Rowan

5. FEI Number

65-0563081

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	RIDLING, DAVID J	7990 S.E. 59TH CIRCLE 606-A Performance Rd	OKEECHOBEE FL 34974 Mooresville NC 28115
D	RIDLING, KAREN R	7990 S.E. 59TH CIRCLE 606-A Performance Rd	OKEECHOBEE FL 34974 Mooresville NC 28115

500002052655--9
-01/09/97--01068--001
****375.00 ****375.00

REINSTATEMENT 1996

u. atan
1/7/97

8. Name and Address of Current Registered Agent

RIDLING, DAVID J
7990 S.E. 59TH CIRCLE
OKEECHOBEE FL 34974

9. Name and Address of New Registered Agent

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 10/22/96

11. 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 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

10/22/96 704-664-0225
Date Daytime Phone #