

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR *AB-99*  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # *PA6000073242*

1. Corporation Name

MOTORSPORTS DIECAST COMPANY, INC.

Principal Place of Business

Mailing Address

4606 SHIRLEY AVENUE  
JACKSONVILLE, FL 32210

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

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres	Bruce Stan Gill	4606 Shirley Avenue	Jacksonville, FL 32210
Sec	David Berard	5255 Cty Rd 209 S	Green Cove Sp, FL 32043

8. Name and Address of Current Registered Agent

Vance Berry, Esq.  
3300 Barnett Center  
50 No. Laura St.  
Jacksonville, FL 32202

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State Zip Code  
FL

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 *1-25-99*

11. This corporation owes the current year  
Intangible Personal Property Tax due June 30.

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Bruce S. Gill*  
Bruce S. Gill

President

*1/21/99*  
Date

*904-388-5572*  
Daytime Phone #

REINSTATEMENT

*98-92  
7000  
1/22/99*

4. Date Incorporated or Qualified  
To Do Business in Florida

September 4, 1996

5. FEI Number

59-3398729

Applied For  
Not Applicable

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CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

*000002768720-1*  
*-02/09/99-01012-020*  
*\*\*\*\*900.00 \*\*\*\*900.00*

CP2508 (12-98)