

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 23 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000098313

1. Corporation Name

CALDWELL MOTOR SPORTS, INC.

Principal Place of Business

11590 US 19 N
CLEARWATER FL 33764

Mailing Address

P.O. BOX 17023
CLEARWATER FL 33762

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/02/1996

5. FEI Number

59-3412959

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PTD	CALDWELL, NOELL	11590 US 19 N	CLEARWATER FL 33764
VSD	CALDWELL, KIMBERLY	11590 US 19 N	CLEARWATER FL 33764

300024053603
10/23/03--01073--007 **150.00

8. Name and Address of Current Registered Agent

CALDWELL, KIMBERLY
11590 US 19 N
CLEARWATER FL 33764

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. or 617.0505, F.S.

Signature of
Registered Agent

Kimberly Caldwell
REGISTERED AGENT MUST SIGN

Date 10/20/03

11. 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:

Kimberly Caldwell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/20/03
Date

(727) 545-9065
Daytime Phone #

CR2E040 (7/03)

**Caldwell Motor Sports, Inc.
11590 US 19 North
Clearwater, Florida 33764
(727) 545-9065**

October 20, 2003

**Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314**

To Whom It May Concern:

Please find enclosed a check for \$150.00 and the application for reinstatement. I am asking that the reinstatement fee be waived as we did not receive any notices prior to receiving the notice of dissolution or revocation.

Should you need further information, please do not hesitate to contact this office.

Sincerely,



**Kimberly N. Caldwell
Vice President/Secretary**