

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
REINSTATEMENT

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

DOCUMENT # P97000002917

1. Corporation Name

MISS MISERY RACING INC.

Principal Place of Business

Mailing Address

1920 HWY 138 SW
COVINGTON GA 30014
US

1920 HWY 138 SW
COVINGTON GA 30014
US

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

2. New Principal Office Address, If Applicable

66 GA. HWY 81 SOUTH
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

66 GA. HWY 81 SOUTH
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

01/06/1997

5. FEI Number

59-3419853.

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
DPT	DODRILL, ROBERT E	1171 BLASINGAME RD CHANGED	MONROE GA 30655
SVP	DODRILL, KRISTA R	1171 BLASINGAME RD CHANGED	MONROE GA 30655
DPT	DODRILL, ROBERT E.	66 GA. HWY 81 SOUTH	CXFORD, GA 30054
SVP	DODRILL, KRISTA R.	66 GA. HWY 81 SOUTH	OXFORD, GA 30054

8. Name and Address of Current Registered Agent

MARKEY & FOWLER, PA
410 W MERRITT AVENUE
MERRITT ISLAND FL 32953

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

Merritt Island

State

FL

Zip Code

32953

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

Krista R. Dodrill
President

Date 12/5/01

REGISTERED AGENT MUST SIGN

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:

Krista R. Dodrill
KRISTA R. DODRILL, VICE PRES.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/13/01

Daytime Phone #

404-205-7952

November 15, 2001

To whom it may concern:

Please find the enclosed Reinstatement Application and accompanying check. This document was received in November, 2001. The annual report was never received earlier this year. Please re-instate the corporation. Thank You.

Krista R. Dodrill
Vice President

A handwritten signature in black ink, appearing to read "Krista R. Dodrill", written over a horizontal dashed line.