

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
04 OCT -7 AM 11:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # PA7000002917

1. Corporation Name

miss misery Racing, Inc.

2. Principal Office Address

66 GA Hwy 81 SE

Suite, Apt. #, etc.

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Oxford Georgia

City & State

Zip

30054

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

1-6-1997

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. Name and Address of Current Registered Agent**

Name

Donald E Dordill

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

1858 Bellamy HWY

Suite, Apt. #, Etc.

City

Harahome Fla

State

FL

Zip Code

32140

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

Donald E Dordill

Date

10-5-04

REGISTERED AGENT MUST SIGN

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

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| DPT    | Robert E. Dordill                    | 66 GA Hwy 81 SE, Oxford GA                        | 30054              |
| SVP    | Knute R Dordill                      | 66 GA Hwy 81 SE, Oxford GA                        | 30054              |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |

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REINSTATEMENT 02-04

10. 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:

Donald E Dordill President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/05/04

Date

770-784-0402

Daytime Phone #

CR2E081 (01/04)