

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

98 DEC 24 PM 3:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000015590

1. Corporation Name

W. & W. RACING, INC.

Principal Place of Business

Mailing Address

1664 FLAGLER MANOR CIRCLE  
WEST PALM BEACH FL 33411

1664 FLAGLER MANOR CIRCLE  
WEST PALM BEACH FL 33411



REINSTATEMENT

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

4629 10th AVENUE NORTH  
Suite, Apt. #, etc.

4629 10th AVENUE NORTH  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

02/14/1997

5. FEI Number

65-0812063

Applied For

Not Applicable

City & State

LAKE WORTH, FL

City & State

LAKE WORTH, FL

Zip 33463 Country

Zip 33463 Country

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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	WALKER, JIMMY	1664 FLAGLER MANOR CIRCLE	WEST PALM BEACH FL 33411
S	WALKER, FRANKIE	1664 FLAGLER MANOR CIRCLE	WEST PALM BEACH FL 33411
T	WALKER, JIMMY	1664 FLAGLER MANOR CIRCLE	WEST PALM BEACH FL 33411
P/V/T	WALKER, JIMMY	4629 10th AVENUE NORTH	LAKE WORTH, FL 33463
S	WALKER, FRANKIE	4629 10th AVENUE NORTH	LAKE WORTH, FL 33463

300002724723--5  
-12/29/98--01044--003  
\*\*\*750.00 \*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WALKER, JIMMY

1664 FLAGLER MANOR CIRCLE  
WEST PALM BEACH FL 33411

Name

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

4629 10th AVENUE NORTH  
Suite, Apt. #, Etc.

City

LAKE WORTH

State

FL

Zip Code

33463

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 REQUIRED

Date

12/21/98

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/21/98

Daytime Phone #