

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR

FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED

98 DEC 21 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000048630

1. Corporation Name

STARKE RACEWAY, INC.

Principal Place of Business

Mailing Address

RT. 6, BOX 1406
STARKE FL 32091

RT. 6, BOX 1406
STARKE FL 32091

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

4. Date Incorporated or Qualified
To Do Business in Florida

06/02/1997

5. FEI Number

59-3450180

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	MCKENZIE, LAURA	RT. 6, BOX 1406	STARKE FL 32091
D	MCKENZIE, WILLIE	RT. 6, BOX 1406	STARKE FL 32091

9000002725309--6
-12/28/98--01077--009
****150.00 ****150.00

TS. 12/28/98 AR

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MCKENZIE, LAURA
RT. 6, BOX 1406
STARKE FL 32091

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

Laura McKenzie
REGISTERED AGENT MUST SIGN

Date 11-20-98

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:

Laura McKenzie
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-20-98
Date

064-6444
Daytime Phone #

CR2040 (8/98)

12-10-90

Florida Department of Starke
Sandra B. Mortham
Secretary of State
Division of Corporations

Starke Raceway, inc.
Rt. 6 Box 1406
Starke Fla. 32091
Laura and Willie McKenzie

2

Dear Ms. Mortham,

I am writing in reference to my registration fee for Starke Raceway, inc.

When the first notice came out, my husband Willie McKenzie had been involved in a automobile accident. He was left unable to work for 8 mos. He had been the flag man at the race track. He also was self employed as Willie's Painting and Sandblasting. We have no employees except for our 2 teenage sons, who are still in school. Myself I worked with the Raceway and Willie's Sandblasting keeping the books and answering the phone.

Willie was unable to work and my job wasn't needed any longer either. Our finances got very messed up. We ran the track, one night a week. (We also had to hire a flagman). It is a new business and isn't making and money. We counted on the other income to fill in where it was needed. Both incomes suffered.

I went to work for an outside business. Willie is now finally able to work again. We are finally getting caught up again.

I am writing to ask if there is an exception to the fees and penalty's due. I feel we were hit with circumstances beyond our control. It will be greatly appreciated if these penalty's and fees be weived under the circumstances.

Sincerely,

Laura McKenzie

Laura McKenzie

Starke Raceway inc.

P.S. I am enclosing a check for \$150.00. (The initial registratio fee). I am also sending proof of Willie's accident and doctors notes. Thank You for your time with this matter. I will look forward to hearing from you.

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APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE

Sandra B. Johnson
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 DEC 21 AM 10:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000060777

1. Corporation Name

GREYSTONE CONSULTING GROUP, INC.

Principal Place of Business

Mailing Address

9301 NORTHWEST 10TH COURT
PLANTATION FL 33312

9301 NORTHWEST 10TH COURT
PLANTATION FL 33312

912 AVOCADO ISLE
FT LAUDERDALE FL 33315

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

4. Date Incorporated or Qualified
To Do Business in Florida

07/11/1997

5. FEI Number

65-0767040

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	TWYFORD, LEE V	9301 NORTHWEST 10TH COURT 912 AVOCADO ISLE	PLANTATION FL 33312 FT LAUDERDALE FL 33315
			600002725306--5 -12/29/98--01077--008 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

TWYFORD, LEE V

9301 NORTHWEST 10TH COURT
PLANTATION FL 33312

912 AVOCADO ISLE
FT LAUDERDALE FL 33315

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

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REGISTERED AGENT MUST SIGN

Date

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/98)