

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 APR -8 PM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000080837**

1. Corporation Name

SELOGY BROS RACING ENT. INC.

W02-8419

2. Principal Office Address

18330 SW 66 ST.

Suite, Apt. #, etc.

City & State

SOUTHWEST RANCHES, FLA

Zip **33331**

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 99-02

4. Date Incorporated or Qualified
To Do Business in Florida

Sept 17 1997

5. FEI Number

65-0788426

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

Wayne Sology

000005491710-9

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

18330 SW 66 ST.

-05/08/02-01043-014

*****1200.00 ***1200.00**

Suite, Apt. #, Etc.

City

Southwest Ranches

State

FL

Zip Code

33331

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

x Wayne A Sology

Date

03/13/02

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 Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D owner	Wayne A. Sology	18330 SW 66 St.	SOUTHWEST RANCHES, FLORIDA, 33331
D owner	Andrew O. Sology	16932 88th Rd N.	Loxahatchee, FL 33470

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:

Andrew O. Sology
Andrew O. Sology

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/13/02
Date

5617847158
Daytime Phone #

CR2E081 (9/01)