

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2011 SEP 13 PM 3:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P9700085588**

1. Corporation Name

Gorilla Racing Inc.

2. Principal Office Address - No P.O. Box #

450 N.E. 20th St.

Suite, Apt. #, etc.

#113

City & State

Boca Raton, FL

Zip Country

33432 US

3. Mailing Office Address

1700 N. Dixie Hwy

Suite, Apt. #, etc.

#151

City & State

Boca Raton, FL

Zip Country

33432 US

REINSTATEMENT 00-11

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

14/03/1997

5. FEI Number

65-0819238

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

Doug Kelly

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

1700 N. Dixie Hwy

Suite, Apt. #, Etc.

#151

City

Boca Raton

State

FL

Zip Code

33432

500211816105
09/06/11--01044--002 **2400.00

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

D. Kelly

REGISTERED AGENT MUST SIGN

Date **09/09/2011**

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
PRES	Doug Kelly	450 N.E. 20th St. #113	Boca Raton, FL 33432

10. E-mail Address: **customer support@nti11tax.com**

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE:

D. Kelly

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

09/09/2011

Daytime Phone #