

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 DEC 27 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P9800033578**

1. Corporation Name

BEST OF TIMES RACING INC.

2. Principal Office Address

735 CORAL DR

Suite, Apt. #, etc.

City & State

CAPE CORAL FL.

Zip

33904

Country

USA

3. Mailing Office Address

506 S.W. 33 Ave

Suite, Apt. #, etc.

City & State

CAPE CORAL FL.

Zip

33991

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0828475

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

DOUGLAS J. FERRELL

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

735 CORAL DR.

Suite, Apt. #, Etc.

City

CAPE CORAL

State

FL

Zip Code

33904

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

REGISTERED AGENT MUST SIGN

Date

12/15/00

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	DOUGLAS J. FERRELL	735 CORAL DR.	CAPE CORAL FL. 33904
Sec. - Treas	KEVIN J. ROEDER	506 S.W. 33 Ave	CAPE CORAL FL. 33991

REINSTATEMENT

99-00

78

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/15/00

Daytime Phone #

991-549-0566