

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 OCT 22 AM 8:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000034445**

1. Corporation Name

EAST BAY RACEWAY, INC.

Principal Place of Business

1211 W FLETCHER AVE
TAMPA FL 33612

Mailing Address

1211 W FLETCHER AVE
TAMPA FL 33612

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.
6311 Burts Road
City & State
Tampa, Florida
Zip
33619

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
One Kensington Manor
City & State
Middletown, NY
Zip
10940 Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/15/1998

5. FEI Number

59-3504479

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D/P	Stanley T. Kolan	One Kensington Manor	Middletown, NY 10940
D/S/T	Matthew A. Kolan	One Kensington Manor	Middletown, NY 10940
VP	Tom Hall	6311 Burts Rd.	Tampa, FL 33619

8000003028948-4
-10/29/99--01016--002
*****750.00 *****750.00

8. Name and Address of Current Registered Agent

MOONEY, MARK F
1211 W FLETCHER AVE
TAMPA FL 33612

9. Name and Address of New Registered Agent

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

Mark F Mooney
REGISTERED AGENT MUST SIGN

Date 10-19-99

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., 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:

Stanley T. Kolan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Stanley T. Kolan

Date

Daytime Phone #

KE