

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 FEB -6 AM 11:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000034445

1. Corporation Name

East Bay Raceway, Inc.

2. Principal Office Address
6311 Burts Road

Suite, Apt. #, etc.

City & State
Tampa, FL

Zip
33619

Country
US

3. Mailing Office Address
One Kensington Manor

Suite, Apt. #, etc.

City & State
Middletown, NY

Zip
10940

Country
US

REINSTATEMENT 00-01

**4. Date Incorporated or Qualified
To Do Business in Florida** 4-15-98

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. Name and Address of Current Registered Agent

Name
Mark F. Mooney

Street Address (P.O. Box Number is Not Acceptable)
1211 W. Fletcher Ave.

Suite, Apt. #, Etc.

City
Tampa,

State
FL

Zip Code
33612

500003748385-1
-02/23/01--01005--023
***2700.00 ***900.00

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**

Mark F. Mooney
REGISTERED AGENT MUST SIGN

Date 2-2-01

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/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 Road	Tampa, FL 33619

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

2/2/01
Date

Daytime Phone #

CR2E081 (9/99)