

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

01 JAN 11 PM 1:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000008700

1. Corporation Name

NINE ONE ONE MOTOCROSS SHOP INC.

Principal Place of Business

2575 N. ORANGE BLOSSOM TRAIL  
KISSIMMEE FL 34744

Mailing Address

2575 N. ORANGE BLOSSOM TRAIL  
KISSIMMEE FL 34744



REINSTATEMENT 00-01

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.  
19442 E. COLONIAL DR

City & State  
ORLANDO FL

Zip 32833 Country ORANGE

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.  
2601 MICHIGAN AVE

City & State  
KISSIMMEE FL

Zip 34744 Country OSCEOLA

4. Date Incorporated or Qualified  
To Do Business in Florida

01/25/1999

SP

5. FEI Number

59-3561556

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PRES P/VIS	JAMES PELI	2601 MICHIGAN AVE	KISSIMMEE FL 34744

800003575758-4  
01/26/01-01015-011  
\*\*\*\*900.00 \*\*\*\*900.00

8. Name and Address of Current Registered Agent

PELI, JAMES R  
2575 N. ORANGE BLOSSOM TRAIL  
KISSIMMEE FL 34744

9. Name and Address of New Registered Agent

Name JAMES PELI

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

2601 MICHIGAN AVE

Suite, Apt. #, Etc.

City KISSIMMEE

State FL

Zip Code 34744

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

*James Peli*  
REGISTERED AGENT MUST SIGN

Date 01/08/01

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:

*James Peli*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/08/01

Date

407-518-7211

Daytime Phone #

CR2E04D (8/00)