


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # **P99000012662**

1. Corporation Name
V.A.H. MGT, INC.

Principal Place of Business Mailing Address

138 SOUTH STATE RD. #415
 NEW SMYRNA BEACH FL 32168

~~138 SOUTH STATE RD. #415~~
~~NEW SMYRNA BEACH FL 32168~~

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

FILED
 01 OCT 23 AM 7:55
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.
 City & State
 Zip Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
 City & State
 Zip Country

PO Box 1500
New Smyrna Beach
FL
32170 **US**

4. Date Incorporated or Qualified To Do Business in Florida
02/04/1999

5. FEI Number
59-3562893

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	HART, VICTORIA A	138 SOUTH STATE RD., #415	NEW SMYRNA BEACH FL 32168
D	HART, Robert L	P O Box 1500	New Smyrna Beach, FL 32170
			800004717518--9 -12/10/01--01110--022 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

HART, ROBERT L
~~138 SOUTH STATE RD., #415~~ 252 S State Rd 415
 NEW SMYRNA BEACH FL 32168

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: *Robert L Hart* Date: *10/18/01*

REGISTERED AGENT MUST SIGN

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: *Robert L Hart* Date: *10/18/01* Daytime Phone #: *386 527-6010*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR20040 (8/01)



ORLANDO SPEEDWORLD & NEW SMYRNA SPEEDWAY
P.O. Box 1500 • New Smyrna Beach, FL 32170
386- 427- 4129 • FAX 386- 426- 1611
www.newsmyrnaspeedway.com email: fascar@usa2net.net

282

October 18, 2001

Division of Corporations
Annual Report/Reinstatement Section
P. O. Box 6327
Tallahassee FL 32314-6327

To Whom It May Concern:

After speaking with Steve on the telephone this A.M. we are forwarding these reports along with a check for \$150.00 on each. The originals of these were never received in this office.

I have put our Post Office Box number in for future mailings. We have always made sure these were filed properly.

Sincerely,

Sandy Nerone
Sandy Nerone
Office Manager