

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**  
01 JAN 31 AM 10:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** S-77220

**1. Corporation Name**

LAKELAND DRAG STRIP, INC.

**2. Principal Office Address**

8100 HWY 33 N.

Suite, Apt. #, etc.

City & State

LAKELAND, FL

Zip

33809

Country

**3. Mailing Office Address**

3863 BERKLEY ROAD NORTH

Suite, Apt. #, etc.

City & State

AUBURNDAL, FL

Zip

33823

Country

**4. Date Incorporated or Qualified**

To Do Business in Florida

07/01/94

**5. FEI Number**

59-3317178

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

ROY E. SPIKER

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

3863 Berkley Road North

Suite, Apt. #, Etc.

City

Auburndale

State  
**FL**

Zip Code

33823

**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

*Roy E. Spiker*

REGISTERED AGENT MUST SIGN

Date

1/29/01

**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
Pres Sctry	Roy E. Spiker	3863 Berkley Road North	Auburndale, FL 33823

**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:**

*Roy E. Spiker*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/01

Date

863 984-9451

Daytime Phone #

CR2E081 (9/00)