

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 FEB 11 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J92420

1. Corporation Name GRAN PRIX AUTO, INC

2. Principal Office Address
4453 ASHTON ROAD

Suite, Apt. #, etc.

City & State
SARASOTA FL

Zip 34223 Country USA

3. Mailing Office Address
4453 ASHTON ROAD

Suite, Apt. #, etc.

City & State
SARASOTA FL

Zip 34223 Country USA

REINSTATEMENT 96-00

4. Date Incorporated or Qualified To Do Business in Florida 9/16/87

5. FEI Number 65-0006063
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 CARMELLO SMERALDA

Street Address (P.O. Box Number is Not Acceptable)
4453 ASHTON ROAD

Suite, Apt. #, Etc.

City SARASOTA

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***1350.00 ***1350.00

State FL Zip Code 34223

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 [Signature]
REGISTERED AGENT MUST SIGN

Date 2-10-2000

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
<u>Pres</u>	<u>CARMELLO SMERALDA</u>	<u>4453 ASHTON ROAD</u>	<u>SARASOTA FL 34223</u>

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 2-10-2000 Daytime Phone # 941-929-7311

CR2E081 (9/99)