

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

2010 JUL -2 PM 5:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
100182870281
07/02/10--01036--004 **516.25

CR2E041 (05/10)

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000053585

1. Limited Liability Company's Name

Volusia Operations, LLC

2. Principal Office Address - No P.O. Box # 7575 West Winds Blvd		3. Mailing Office Address 7575 West Winds Blvd	
Suite, Apt. #, etc. Suite-D		Suite, Apt. #, etc. Suite-D	
City & State Concord, NC		City & State Concord, NC	
Zip 28027	Country USA	Zip 28027	Country USA

4. State/Country of Formation Florida/ USA	
5. Date Organized or Qualified To Do Business in Florida 5.31.05	
6. FEI Number 90-0284113	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name
Capitol Corporate Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)
155 Office Plaza Dr.

Suite, Apt. #, Etc.
Suite A

City Tallahassee	State FL	Zip Code 32301
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9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent Boyle Wendle, asst sec Date 6-10-2010
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mgr	World Racing Group, Inc.	7575 West Winds Blvd, Suite D	Concord, NC 28027
REINSTATEMENT -08-10			

11. E-mail Address: rbarnes@dircar.com (To be used for future annual report notifications)

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager Robert E Barnes Date 06/10/2010 Daytime Phone # 704-707-0221

Typed or printed name of signing Managing Member/Manager Robert Barnes

RB