

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV 17 AM 8:54

DOCUMENT # **L 27004**

1. Corporation Name

ACTION MOTOSPORT OF SOUTH FLORIDA, INC
540 W SUNRISE BLVD
FT. LAUDERDALE FL 33311

Principal Place of Business

Mailing Address

540 W. SUNRISE BLVD.
FT. LAUDERDALE FL 33311

REINSTATEMENT

97-00

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

10/07/1986

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0172736

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/T/S	QUENNI KING	4101 DAVIE RD EXT	HOLLYWOOD, FL 33024
V	HOWARD SWINNERTON	1411 S.W. 13th STREET	FT. LAUDERDALE, FL 33315

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HOWARD SWINNERTON
1411 S.W. 13th STREET
FT. LAUDERDALE, FL 33315

Name

QUENNI KING

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

4101 DAVIE ROAD EXT
Suite, Apt. #, Etc.

City

HOLLYWOOD

State

FL

Zip Code

33024

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 11-10-2000

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes No

(See other side for information on intangible tax.)

12. 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:

QUENNI KING

11-10-2000

Date

954-436-9905

Daytime Phone #

AD

CR2E081 (12/98)