PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		5 T T T T T T T T T T T T T T T T T T T	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		TE	04 FEB -9 PH 1:29 SECRETARY OF STATE TALLAHASSEE FLORIDA					
DOCU 1. Corporati		P000001	15686				<i>\}</i> -	(C)CN V			
OCA	LA GRAN	I PRIX, INC.					RE	ins	ATE	MENT	02-04
· · · · · ·				3. Mailing Office Address 35 S.W. 57th Avenue			02/4	3000 09/04	2 84 3 01058	3599 8 027 **109	58.75
Suite, Apt. #,			Suite, Apt. #,			.	4. Date inco		Qualified 4.6	2 40 2000	
City & State Ocala, Florida			City & State Ocala, F	City & State Ocala, Florida			To Do Business in Florida 12-19-2000				
^{Zip} 34474	· ·		Zip 34474		Country USA		6. CERTIFICATE OF STATUS DESIRED [V			\$8.75 Additional for a Certificat	Fee required
		•	7. N	ame and A	ddress of Current Re	gistere	d Agent				
:	Name PAUL J. GUILFOIL										
	Street Address (P.O. Box Number is Not Acceptable) 23 S. E. 12th Terrace									1	
	Suite, Apt. #, Etc.										-
	City Ocala							State FL	Zip Code 34471		1
8. I, being a Signature of Registered A		gistered agent of the a	REGISTERED AG		amiliar with and accep	ot the ob	ligations of se	ction 607.056 Date	05 or 617.0503 2/2/200		CR2E081 (10/02)
9. Names	and Street Addr	esses of Each-Officer	and/or Director (Flo	orida nonpro	ofit corporations must t	ist at lea	st 3 directors))			
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director				Cíty / State / Zip			
P/D~	JORGE-ARRELLANO			35 S.W. 57th AVenue			_ Ocala	Ocala, Elorida 34474			
		». ·			***		····				
this rein	nstatement appli by the corporation application is tru	cation, the reason for n have been paid and	dissolution has been the names of ignivi	n eliminated	Sexecute this applical i, the corporate name on this form do not qua ne legat affect as if made	satisfies alify for a	the requireme e nexemption	ents of section	n 607.0401 or i i 119.07(3)(i), F	617 0401 FS tha	at all fees on indicated
SIGNA		NATURE AND TYPED OF	R PRINTED NAME OF	SIGNING OF	FICER OR DIRECTOR			Date		Daytime Phone #	