PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
01 DEC 24 PM 4:01

CORPORATION REINSTATEMENT

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

DOCUMENT # P93000018293

1. Corporation Name

F.M. MOTORSPORTS INC.

REINSTATEMENT 01

2. Principal Office Address	**3.** Mailing Office Address
525 KUMQUAT	PO. BOX 837
Suite, Apt. #, etc.	Suite, Apt. #, etc.
P.O. BOX 837	
City & State	City & State
ANNA MARIA FL.	ANNA MARIA FL
Zip / Country	Zip / Country
34216 / USA	34216 / USA

4. Date Incorporated or Qualified To Do Business in Florida 3/8/93

5. FEI Number 59-3173491 ☐ 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: FREDERICK MILLER III

800004765488--6
-01710/02--01078--006
****750.00 ****750.00

Street Address (P.O. Box Number is Not Acceptable): 525 KUMQUAT

Suite, Apt. #, Etc.: BOX 837

City: ANNA MARIA | State: FL | Zip Code: 34216

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: Frederick Miller III — Date: 12/10/01
REGISTERED AGENT MUST SIGN

CR2E081 (9/00)

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.	FREDERICK MILLER III	525 KUMQUAT	ANNA MARIA, FL 34216
V.P	LINDA D. MILLER	525 KUMQUAT	ANNA MARIA, FL 34216

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: FREDERICK MILLER III — Frederick Miller III — 12/10/01 — 941 779 1572
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #