PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. POLICY OF STATE							
APP (I) TUBO	· ·	A DEPARTMEI  Katherine Ha  Secretary of S  IVISION OF CORPO	ori Orisiaie State <sub>e,</sub>	"n/+ 1"-4)	FILEU ETARY OF STATE FOR CORPORATIO	•	
DOCUMENT # 397583				01 DEC 17 PH 12: 28			
RO - BART II, INC.					- 17 11112: 28		
		tailing Address		1 (BP)06 (1)	18 1811) 1888) Brids (Bibb sils Arbs) .	(1811 B)E11 S(B)1 B)E11 61811 1281	
f		138 SOUTH STATE ROAD 415 NEW SMYTHA BEACH FL SSIGS					
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							
252 5 Hwy 465 Suite, Apt. #, etc.	PO	Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 03/17/1972			
New Smypna Bea City & State	ah 74 New . City & State 7 L	New Smyena		5. FEI Number Applied For Not Applicable			
32168 Country	9 Zip 32/	70 Countr	123A	6. CERTIFICATE	OF STATUS DESIRED - S8	1.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each							
Title(s) Name of Officers 1 2 and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip		
			2 BOUCHELLE DRIVE 154 S. Nwy 415		NEW SMYRNA BEACH FL <del>82169</del> - 32168		
-STD- HART, VICTORIA A		138 SOUTH STATE ROAD 415		NEW SMYRNA BEACH			
	5			000047455352 -12/31/0101083008 ****150.00 ****150.00			
					, , ,		
					18/18	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
8. Name and Address	of Current Registered Age	ent		9. Name and A	ddress of New Registered	Agent	
HART, ROBERT L						10 (8/01)	
462 BOUCHELLE DRIVE 252 3. Hwy 415					3550		
NEW SMYRNA BEACH FL 32169 32-168 Suite, Apr. #. Etc.							
City					State FL		
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							
11. 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 filling 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 securate, and my signature shall have the same legal effect as if made under oath.							
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #							



ORLANDO SPEEDWORLD & NEW SMYRNA SPEEDWAY P.O. Box 1500 • New Smyr na Beach, FL 32170 386-.427-4129 • FAX 386- 426-1611 www.newsmyr naspeedway.com email: fascar@usa2net.net

1990 W/

Per l

October 18, 2001

Division of Corporations Annual Report/Reinstatement Section P. O. Box 6327 Tallahassee FL 32314-6327

To Whom It May Concern:

After speaking with Steve on the telephone this A.M. we are forwarding these reports along with a check for \$150.00 on each. The originals of these were never received in this office.

I have put our Post Office Box number in for future mailings. We have always made sure these were filed properly.

Sincerely,

Janky Verone Sandy Nerone Office Manager