

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F05000000945

1. Corporation Name

Motor Sports of America of New Jersey Inc.

2. Principal Office Address - No P.O. Box #

606 RYAN AVE

Suite, Apt. #, etc.

City & State

WESTVILLE

Zip

08093

Country

Glouster

3. Mailing Office Address

P.O. BOX 334

Suite, Apt. #, etc.

City & State

MOUNT ROYAL

Zip

08061

Country

Glouster USA

7. Name and Address of Current Registered Agent

Name

PETER M SPOTO

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

100 SQUIRE COURT

Suite, Apt. #, Etc.

City

DUNEDIN

State

FL

Zip Code

34698

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

REGISTERED AGENT MUST SIGN

Date **9/29/2008**

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	JAMES R PIZZO	56 PROVIDENCE RD	Mickleton NJ 08056

000136619390
10/03/08-01058-001 **388.00

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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/29/08

Date

856-812-0385

Daytime Phone #

08 OCT - 3 PM - 3:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT
CR2008 (10/08)

07-08

4. Date Incorporated or Qualified

To Do Business in Florida **FEB. 7th-2005**

5. FEI Number

201877518

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$5.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

10/3/08