

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 DEC -1 AM 9:16

DOCUMENT # F08000004604

1. Corporation Name

RACER PRODUCTIONS, INC.
122 VISTA DEL RIO DR.
MORGANTOWN, WV. 26508

600163210556
12/01/09--01016--002 **150.00

CR2E081 (12/08)

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

3. Mailing Office Address

122 VISTA DEL RIO

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MORGANTOWN, WV

Zip Country Zip Country

26508 US

US

**4. Date Incorporated or Qualified
To Do Business in Florida**

10.27.2008

5. FEI Number

55-0701274

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

NATIONAL REGISTERED AGENTS, INC

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

2731 EXECUTIVE PARK DR.

Suite, Apt. #, Etc.

SUITE 4

City

WESTON

State

FL

Zip Code

33331

☒ 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.

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.

NRAI Services, Inc.

Signature of

Registered Agent

By: Matt Thompson

Matt Thompson, Assistant Secretary

REGISTERED AGENT MUST SIGN

Date 11/16/2009

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
P	RITA COOMBS	122 VISTA DEL RIO	MORGANTOWN, WV 26508
V/S	CARRIE RUSSELL	122 VISTA DEL RIO	MORGANTOWN, WV 26508

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

Carrie Russell

CARRIE RUSSELL

Carrie@mxsports.com

11.2.09 304.284.0084

Date

Daytime Phone #