

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

16 MAR -8 AM 10:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F10000002525

1. Corporation Name

**Anthem Motorsports, Inc**

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

140 S. Beach St.

3. Mailing Office Address

140 S. Beach St.

Suite, Apt. #, etc.

Suite 108

Suite, Apt. #, etc.

Suite 108

City & State

Daytona Beach, FL

City & State

Daytona Beach, FL

Zip

32114

Country

Volusia

Zip

32114

Country

Volusia

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

06/01/2010

5. FEI Number

41-2070710

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

Brian Weaver

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

140 S. Beach St.

Suite, Apt. #, Etc.

Suite 108

City

Daytona Beach

State

FL

Zip Code

32114

600280314526

02/03/16--01002--016 \*\*150.00

600280314526

12/22/15--01008--002 \*\*150.00

8. I, being appointed the 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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

2/29/16

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/D	Brian Weaver	4303 W 119th St	Leawood, KS 66209

**REINSTATEMENT**

2015-2016

10. E-mail Address: syoungs@thisisamg.com

(To be used for future annual report notification)

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 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

*[Signature]*  
SIGNATURE AND PRINTED OR TYPED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/16

(913) 894-6923