PLEASE READ ALL INSTRUCTIONS SEFORE COMPLETING THIS PROPOSED					
PRICATION FLORIDA DEPARTMENT OF STATE Sandra B. Northam			AND FILED		
Secretary of State		State	96 OCT 28 AM 9: 08		
DOCUMENT # F24522		1			
1. Corporation Name			SECRETARY OF STATE TALLAHASSEE, FLORIDA		
POWER PLAY RACE TEAM, INC.					
Principal Place of Business Mailing Address					
2740 NW 29TH TERR. 2740 NW 29TH TERR. FT LAUDERDALE FL 33311					
•					
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			Date Incorporated or Qualified		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		To Do Business in Florida 04/06/1981		
City & State	City & State		65-0412494 Not A		Applied For Not Applicable
Zip Country	Zip Countr	у			Additional Fee required Certificate of Status
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each					
		Officer and/or Director (Do NOT Use Post Office Box Numbers)		City / State / Zip	
PSD WEINSTEIN, DANIEL S 3050 N E 41 STREET		FT LAUDERDALE, FL 00000			
			4000019890041 -10/29/9601115012		
				****200.00 *	
			<u> </u>		
			1/10/28		
				τ '	
8. Name and Address of Current Registered Agent Name			9. Name and A	ddress of New Registered Ager	nt
IRWIN, EDWARD J. 2691 EAST OAKLAND PARK BLVD SUITE #400 FT LAUDERDALE FL 33306		Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.			
					4
		City		State Zip Code	
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 Date					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No V (See other side for information on intangible tax.)					
12. 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 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 Date Date Daylime Phone #					



October 24, 1996

Sean Toner
Senior Section Administrator
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: F24522 POWERPLAY RACE TEAM

AND

RE: J08709 POWERPLAY BOAT COMPANY

Mr. Toner:

Per our conversation, Powerplay was not aware that the corporations listed, would be dissolved and revoked. We usually do not file the corporations application, Mr Ed Irwin, has always prepared them for us. Do to a stroke, these corporations did not get filed.

Enclosed please find the completed application(s) along with a check for each corporation.

Thank you, Lunda Milly

Linda Miller

CFO