


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<p>APPLICATION FOR REINSTATEMENT</p> <p style="text-align: center;"> FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS</p> <p>DOCUMENT # G 70455</p> <p>1. Corporation Name RACE TRACK TRAINING CENTER INC</p> <p>Mailing Address: 20775 N.W. 17th Avenue, Miami, FL 33056 Principal Place of Business: _____</p> <p><small>If above addresses are incorrect in any way, line through incorrect information and enter correction below.</small></p> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="2">2. New Mailing Address, If Applicable</td><td colspan="2">3. New Principal Office Address, If Applicable</td></tr><tr><td colspan="2">Suite, Apt. #, etc.</td><td colspan="2">Suite, Apt. #, etc.</td></tr><tr><td colspan="2">City & State</td><td colspan="2">City & State</td></tr><tr><td>Zip</td><td>Country</td><td>Zip</td><td>Country</td></tr></table>		2. New Mailing Address, If Applicable		3. New Principal Office Address, If Applicable		Suite, Apt. #, etc.		Suite, Apt. #, etc.		City & State		City & State		Zip	Country	Zip	Country	<p>APPROVED AND FILED</p> <p>1997 JUL 28 PM 4: 22</p> <p>SECRETARY OF STATE TALLAHASSEE, FLORIDA</p> <p>DO NOT WRITE IN THIS SPACE</p> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="2">4. Date incorporated or Qualified To Do Business in Florida</td></tr><tr><td>5. FEI Number 59-2343068</td><td>Applied For <input type="checkbox"/> Not Applicable</td></tr><tr><td colspan="2">6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status</td></tr></table>	4. Date incorporated or Qualified To Do Business in Florida		5. FEI Number 59-2343068	Applied For <input type="checkbox"/> Not Applicable	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status																
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<p>7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</p> <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 10%;">Title(s)</th><th style="width: 30%;">Name of Officers and/or Directors</th><th style="width: 30%;">Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)</th><th style="width: 30%;">City / State / Zip</th></tr></thead><tbody><tr><td>1</td><td>2</td><td>3</td><td>4</td></tr><tr><td></td><td>Pres./Sec. Barry M. Seinfeld</td><td>20775 NW 17th Avenue</td><td>Miami, FL 33056</td></tr><tr><td></td><td></td><td></td><td>900002255379--7 -08/01/97--01098--005 ***\$915.00 ***\$915.00</td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></tbody></table>				Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip	1	2	3	4		Pres./Sec. Barry M. Seinfeld	20775 NW 17th Avenue	Miami, FL 33056				900002255379--7 -08/01/97--01098--005 ***\$915.00 ***\$915.00																				
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<p>8. Name and Address of Current Registered Agent</p>		<p>9. Name and Address of New Registered Agent</p> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="3">Name Barry M. Seinfeld</td></tr><tr><td colspan="3">Street Address (P.O. Box Number is Not Acceptable) 20775 NW 17th Avenue</td></tr><tr><td colspan="3">Suite, Apt. #, Etc.</td></tr><tr><td>City Miami</td><td>State FL</td><td>Zip Code 33056</td></tr></table>		Name Barry M. Seinfeld			Street Address (P.O. Box Number is Not Acceptable) 20775 NW 17th Avenue			Suite, Apt. #, Etc.			City Miami	State FL	Zip Code 33056																								
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<p>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.</p> <p>Signature of Registered Agent: Barry M Seinfeld Date: 7/23/97 <small>REGISTERED AGENT MUST SIGN</small></p>																																							
<p>11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box <input type="checkbox"/> (See other side for additional information.)</p>																																							
<p>12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)</p>																																							
<p>13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.</p> <p>SIGNATURE: Barry M Seinfeld Date: 7/23/97 Daytime Phone #: 305-625-7618</p> <p style="text-align: center;"><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small></p>																																							

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