


# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # G95331		
1. Entity Name T & M RACING INC.		

FILED

07 APR 30 PM 12:18

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

04072007 REIN-P CR2E098 (1/07)

Principal Place of Business 5001 SW 20TH ST # 1004 OCALA, FL 34474 US	Mailing Address 5001 SW 20TH ST # 1004 OCALA, FL 34474 US
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2. Principal Place of Business - No P.O. Box # 5373 NW 64 ST. Suite, Apt. #, etc.	3. Mailing Address 5373 NW 64 ST. Suite, Apt. #, etc. Ocala, FL
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City & State Ocala, FL	City & State Ocala, FL	4. FEI Number 59-2383483	Applied For Not Applicable
Zip 34482	Country USA	Zip 34482	Country USA

6. Name and Address of Current Registered Agent ROSENFELD, THERESA ANN 5001 SW 20 ST 5373 NW 64 ST. #7004 OCALA, FL 34474 34482		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROSENFELD, THERESA ANN 5001 SW 20TH ST #2004 5373 NW 64 ST. OCALA, FL 34474 34482	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ROSENFELD, MICHAEL ALAN 2215 TRADEPORT DRIVE ORLANDO, FL 32824	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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05/25/07--01013--016 \*\*300.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

*Theresa Ann Rosenfeld*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/07 (352) 873-2715  
Date Daytime Phone #