

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 FEB -2 AM 10:40

DOCUMENT # L 00000001408

1. Limited Liability Company's Name

APBA Offshore Power Boat Racing, LLC

800065832178
02/14/06--01034--024 **100.00

CR2E041 (8/05)

2. Principal Office Address

One Progress Plaza

Suite, Apt. #, etc.

810

City & State

St. Petersburg, FL

Zip

33701

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

☒ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Michael D. Allweiss

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

One Progress Plaza

Suite, Apt. #, Etc.

810

City

St. Petersburg

State

FL

Zip Code

33701

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of

Registered Agent

REGISTERED AGENT MUST SIGN

Date

1/5/06

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
mgrm	Michael D. Allweiss	One Progress Plaza Suite 810	St. Petersburg, FL 33701

REINSTATEMENT 05-06

11. I certify that I am managing member/manager of the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company 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.

Signature of

Managing Member/Manager

Date

1/5/06

Daytime Phone #

727-827-4944

Typed or printed name of signing Managing Member/Manager