PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 OCT 29 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L-13116

1. Limited Liability Company's Name
Motor Sports Concepts L.L.C.

REINSTATEMENT 2001

2. Principal Office Address	3. Mailing Office Address
88 NE 5th Ave Delray Bch, FL 33483	88 NE 5th Ave Delray Bch, FL 33483
Suite, Apt. #, etc. 88 NE 5th Ave	Suite, Apt. #, etc. 88 NE 5th Ave
City & State Delray Bch FL	City & State Delray Bch, FL
Zip 33483 Country Palm Bch	Zip 33483 Country Palm Bch

4. State/Country of Formation: Florida - America - USA
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: Kevin Muller
Street Address (P.O. Box Number is Not Acceptable): 88 NE 5th Ave
Suite, Apt. #, Etc.: 88 NE 5th Ave
City: Delray Bch State: FL Zip Code: 33483

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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: [signature] Date: 10-24-01
REGISTERED AGENT MUST SIGN

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
Managing member	Kevin Muller	88 NE 5th Ave	Delray Bch / FL 33483
Member	Bill Schmidt	88 NE 5th Ave	Delray Bch - FL - 33483
Member	Justin Bell	88 NE 5th Ave	Delray Bch - FL - 33483

11. I certify that I am managing member/manager or 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: [signature] Date: 11-24-01 Daytime Phone # 561-278-2294

Typed or printed name of signing Managing Member/Manager: Kevin D Muller