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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 15 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 100000013716

1. Limited Liability Company's Name

MOTORSPORTS CONCEPTS, LLC

2. Principal Office Address

P.O. BOX 460

Suite, Apt. #, etc.

City & State

DELRAY BEACH, FL

Zip

33444

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FLORIDA/USA

5. Date Organized or Qualified  
To Do Business in Florida

11/02/2000

6. FEI Number

65-1053513

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

JUSTIN BELL

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

102 N.W. SEVENTH STREET

Suite, Apt. #, Etc.

City

DELRAY BEACH

State

FL

Zip Code

33444

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

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
MG ME	JUSTIN BELL	102 N.W. SEVENTH STREET	DELRAY BEACH, FL 33444

REINSTATEMENT

03  
dec

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

Date 10/14/03

Daytime Phone#

581 243 2118

Typed or printed name of signing Managing Member/Manager JUSTIN BELL

CR2E041 (10/02)