PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

	1 22/102/12/12	, , , , , , , , , , , , , , , , , , ,		TO DEI ONE		INO THIS FORWI.
COMPANY			DA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		14 FEB -4 AN 10:53	
DOCUMENT # LOUOUDO 14311 1. Limited Liability Company's Name VICI RACING, L.L.C.					SECRETATIVEN COMM TALLANASSEE, FLOOR	
2. Principal Office Addr 7903 S.W. 64 Suite, Apt. #, etc. City & State MIAMI, FL	3. Mailing Office Address 7903 S.W. 64 TERRACE Suite. Apt. #. etc City & State MIAMI, FL Zip Country		CR2E041 (1/14) 4. State/Country of Formation FLORIDA 5. Date Organized or Qualified To Do Business in Florida 11/20/2000 6. FEI Number Applied For Not Applicable 7. \$5.00 Additional Fee required			
33143	USA	33143	US	SA .		STATUS DESIRED for a Certificate of Status
Name MIAMI CORPORATE SYSTEMS, LLC Street Address (P.O. Box Number is Not Acceptable) 283 CATALONIA AVE Suite, Apt. #. Etc. SECOND FLOOR - SUITE 200 City CORAL GABLES 9. I, being appointed the registered agent of the above rained limited liability company, am familiar with a Signature of Registered Agent REGISTERED AGENT MUST SIGN Affairs Feet 10. Names and Street Addresses of Authorized Representatives/Managers				a lasta		
Titles	Name of Authorized Representative	d Representatives/ Authorized Represe		Street Address of Eac athorized Representat		City / State / Zip
PR	Managers		7903 S.W. 64th Terrace			MIAMI, FL. 33143
				<u>.</u> .	EIVS	TATEMENT / S-/-/ FEB - 4 2014
11, E-mail Address: viciracing@gmail.com						M. WILLIFONS
[To be used for future annual report notifications] 12. I certify that I am an authorized representative/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 discolution has been eliminated, the limited liability company name satisfies the requirements of section 605.0012, 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. I am aware that fals information authorities to the Department of State constitutes a third degree felony as provided in \$ 817,155, F.S. Signature of Authorized Representative/Manager Date 1/29/2014 Daytime Phone # 786-762-2996 Typed or printed name of signing Authorized Representative/Manager RONALD C. MEIXNER						