

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 27 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000002931

1. Limited Liability Company's Name

PENSACOLA MOTOR SPORTS PROMOTIONS, L.L.C.

2. Principal Office Address

7451 Pine Forest Road

Suite, Apt. #, etc.

City & State

Pensacola, Florida

Zip

32526

Country

USA

3. Mailing Office Address

7451 Pine Forest Road

Suite, Apt. #, etc.

City & State

Pensacola, Florida

Zip

32526

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida 2/26/01

6. FEI Number

58-2607246

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

Wade McNaughton

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

7451 Pine Forest Road

Suite, Apt. #, Etc.

City

Pensacola

State
FL

Zip Code

32526

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

Wade McNaughton

REGISTERED AGENT MUST SIGN

Date 11-26-02

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
MM	Wade McNaughton	7451 Pine Forest Road	Pensacola, FL 32526
MM	Jeff Godwin	435 Chadson Street	Pensacola, FL 32514

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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

Wade McNaughton

Date 11-26-02

Daytime Phone # (850) 944-8400

Typed or printed name of signing Managing Member/Manager

Wade McNaughton

CR2E041 (9/01)