

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

02 DEC -3 AM 11:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000011329

Name and Mailing Address

0002651 01 FP 0.352 \*\*PRSR T8 0 0615 33166-773681

RT MOTORSPORT LLC

8363 LAKE DRIVE, SUITE H401  
MIAMI FL 33166-7736

100009307001  
12/03/02--01011--007 \*\*150.00



<b>2. New Mailing Address</b> 7470 NW 82ND ST. City, State, Zip MEDLEY, FL 33166		<b>4. State/Country of Formation</b> FL	
<b>Principal Place of Business</b> 8363 LAKE DRIVE, SUITE H401 MIAMI FL 33166		<b>5. Date Organized or Qualified To Do Business in Florida</b> 07/10/2001	
<b>3. New Principal Place of Business Address</b> 7470 NW 82ND ST. City, State, Zip MEDLEY, FL 33166		<b>6. FEI Number</b> 65-1119621 <b>Applied For</b> Not Applicable	
<b>8. Name and Address of Current Registered Agent</b> SZCZEPKOWSKI, DORIS 1700 ADAMS STREET HOLLYWOOD FL 33020		<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$5.00 Additional Fee required for a Certificate of Status</b>	
<b>9. Name and Address of New Registered Agent</b> Name VICTOR GARCIA Street Address (P.O. Box Number is Not Acceptable) 7470 NW 82ND ST. City MEDLEY FL Zip Code 33166			
<b>10. 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.</b> Signature of Registered Agent VICTOR GARCIA REGISTERED AGENT MUST SIGN Date 11/27/02			
<b>11. Names and Street Addresses of Each Managing Member/Manager</b>			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	OSKELY, DALE	8363 LAKE DRIVE, SUITE H401	MIAMI FL 33166
MGR	VICTOR GARCIA	7470 NW 82ND ST.	MEDLEY, FL 33166

CR2E084 (8/02)

**12. 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  
VICTOR GARCIA  
Date  
11/27/02  
Daytime Phone #  
305-885-0407

Typed or printed name of signing Managing Member/Manager  
VICTOR GARCIA