

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Hood
Secretary of State
DIVISION OF CORPORATIONS

03 DEC 26 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000020194

Name and Mailing Address

0003284 01 AT 0.292 **AUTO T4 0 0615 32792-697907



TRIDENT MOTORSPORTS LLC
7319 SANDSCOVE COURT, SUITE 7
WINTER PARK FL 32792-6979

300025759803
12/26/03--01003--013 **150.00



| | | | |
|--|--|--|--|
| 2. New Mailing Address City, State, Zip | | 4. State/Country of Formation FL | |
| Principal Place of Business 7319 SANDSCOVE COURT, SUITE 7 WINTER PARK FL 32792 | | 5. Date Organized or Qualified To Do Business in Florida 11/19/2001 | |
| 3. New Principal Place of Business Address City, State, Zip | | 6. FEI Number 04-3646642 | |
| | | Applied For Not Applicable | |
| | | 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status | |

| | | | |
|---|--|--|--|
| 8. Name and Address of Current Registered Agent NISI, FRANK P JR. 2003 LAKE HOWELL LANE, SUITE 101 MAITLAND FL 32751 | | 9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
|---|--|--|--|

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.

Signature of
Registered Agent

Signature of Registered Agent
REGISTERED AGENT MUST SIGN

Date 12/17/03

11. Names and Street Addresses of Each Managing Member/Manager

| Title(s) | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager | City / State / Zip |
|----------|-----------------------------------|--|----------------------|
| MGRM | STEWART, CAREY P | 7319 SANDSCOVE COURT STE 7 SANDSCOVE COURT | WINTER PARK FL 32792 |
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REINSTATEMENT

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FBI

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

Signature of Managing Member/Manager
SIGNATURE REQUIRED

Date 12/16/03

Daytime Phone (321) 239-3671

Typed or printed name of signing Managing Member/Manager