

L01000021916

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

2002 DEC -6 PM 3:35
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000021916
Name and Mailing Address

0009340 01 FP 0.352 **PRSR H1 0 0615 32233-40360
EXPRESS TRACK DATA, L.L.C.
460 STURDIVANT AVENUE
ATLANTIC BEACH FL 32233-4036



| | | | |
|---|--|---|--|
| 2. New Mailing Address City, State, Zip | | 4. State/Country of Formation FL | |
| Principal Place of Business 460 STURDIVANT AVENUE ATLANTIC BEACH FL 32233 | | 5. Date Organized or Qualified To Do Business in Florida 12/14/2001 | |
| 3. New Principal Place of Business Address City, State, Zip | | 6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| 8. Name and Address of Current Registered Agent KOLCUN, MICHAEL A ESQUIRE 6960 BONNEVAL ROAD, SUITE 202 JACKSONVILLE FL 32216 | | 7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status | |
| 9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 700009399377 12/06/02--01054--001 **155.00 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 <i>[Signature]</i> Date <i>4 Dec 02</i> REGISTERED AGENT MUST SIGN | | | |

| 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 |
| M/M | STEPHEN D MEISER | 460 STURDIVANT AV | ATLANTIC BEACH, FL 32232 |
| M/M | FREDERICK C. PARVEY | 326 8th ST | ATLANTIC BEACH, FL 32233 |
| M/M | CHRISTOPHER L. NORRIS | 13991 SPOONBILL ST N. | JACKSONVILLE FL 32224 |
| M/M | MITCHELL E. KINSEY | 1688 ROBERTS DR | JACKSONVILLE BEACH FL 32250 |
| | | | |

REINSTATEMENT 2002 *[Signature]*

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]* Date *10-30-02* Daytime Phone # *80-773-8450*

Typed or printed name of signing Managing Member/Manager

CR2E084 (8/02)