

LO2000024540

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 JUN -4 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # LO2000024540

1. Limited Liability Company's Name

NASKART Raceways, LLC

700037570477
06/02/04--01022--002 **205.00

2. Principal Office Address

26000 Emerald Coast Pkwy
Suite, Apt. #, etc.

3. Mailing Office Address

609 Country Club Ave
Suite, Apt. #, etc.

City & State

Destin, FL

City & State

Fort Walton Bch, FL

Zip

Country

32541

Zip

Country

32547

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

9/20/02

6. FEI Number

74-3068304

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

Michael L. Weimorts, Esq.

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

4507 Furling Lane

Suite, Apt. #, Etc.

Suite 209, The Plaza

City

Destin

State

FL

Zip Code

32541

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 5/26/04

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
MVP/S	Kevin Shahid	775 Gulf Shore Dr. Apt. 8101	Destin, FL 32541
VP	Leslie Rector	5535 Cross Gate Court	Atlanta, GA 30327

REINSTATEMENT

2003-
2004
JB

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

[Signature]

Date

Daytime Phone #

850.291.9341

Typed or printed name of signing Managing Member/Manager

James K. Shahid

CR2E041 (10/02)