PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 250.00

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2005 OCT 18 PM 3:59
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L02000028998

CR2E041 (8/05)

1. Limited Liability Company's Name
Europa Motor Sports LLC.

2. Principal Office Address	3. Mailing Office Address
12914 Raymond Drive	12914 Raymond Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Loxahatchee Groves FL	City & State: Loxahatchee Grove FL
Zip: 33470 Country: U.S.A.	Zip: 33470 Country: U.S.A.

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida:

6. FEI Number: 043781307 ☐ 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: Damon Howell Karriem

Street Address (P.O. Box Number is Not Acceptable): 12914 Raymond Drive

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11/03/05--01048--009 **250.00

Suite, Apt. #, Etc.:

City: Loxahatchee Groves | State: FL | Zip Code: 33470

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: 09/26/05

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
CEO	Damon Howell Karriem	12914 Raymond Drive	Loxahatchee Grove FL 33470
Sec.	E. Robert Gordon	12914 Raymond Drive	Loxahatchee Groves FL
V.P.	Andrei Laktionkhine		
Senior V.P.	Darren Howell	12914 Raymond Drive	Loxahatchee Groves FL
		REINSTATEMENT 2003-05	

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: 09 26 05 Daytime Phone # (561) 351-1185

Typed or printed name of signing Managing Member/Manager: