Florida Department of State
Division of Corporations
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ATTN: AGNES

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: veramotorsports@bellsouth.net

LIMITED LIABILITY REINSTATEMENT
VERO MOTORSPORTS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$655.00

1062

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2010 FEB -3 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (11/09)

DOCUMENT # L06000067951

1. Limited Liability Company's Name

Vero Motorsports LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2530 US Hwy 1	1345 River Ridge Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Vero Beach FL	City & State: Vero Beach FL
Zip: 32960 Country: US	Zip: 32963 Country: US

4. State/Country of Formation: Florida | US

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

6. FEI Number: ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name: Kathleen Harvey

Street Address (P.O. Box Number is Not Acceptable): 1345 River Ridge Dr.

Suite, Apt. #, Etc:

City: Vero Beach State: FL Zip Code: 32963

☐ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were *not received and requesting* the $100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: Kathleen Harvey Date: 2-2-2010

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Member/ Managers	Street Address of Each Managing Member/ Manager	City / State / Zip
mgrm	Bernd Mangnitz	345 River Ridge Dr	Vero Beach FL 32963
mgrm	Kathleen Harvey	1345 River Ridge Dr	Vero Beach FL 32963

REINSTATEMENT 07-70

11. E-mail Address: veromotorsports@bellsouth.net
(To be used for future annual report notifications)

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 605.0108, 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: Kathleen Harvey Date: _____ Daytime Phone #: 772 360 5072

Typed or printed name of signing Managing Member/Manager: _____