

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000051051

1. Entity Name
NATIVE FILMS RACING, LLC



Principal Place of Business
6850 EASTVIEW DRIVE
LANTANA, FL 33462

Mailing Address
6850 EASTVIEW DRIVE
LANTANA, FL 33462

2. Principal Place of Business - No P.O. Box #

138 NW 25th Street

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 190661

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33127

Country

USA

City & State

Miami Beach, FL

Zip

33119

Country

USA

11122008 REIN-LLC

CR2E101 (1/07)

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHMIDT, DAVID W
140 NE FOURTH AVENUE
SUITE A
DELRAY BEACH, FL 33483

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After January 1, 2009, Fee will be \$277.50

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
WHITAKER, CHARLES B
6850 EASTVIEW DRIVE
LANTANA, FL 33462 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
WHITAKER, CHRISTINE L
6850 EASTVIEW DRIVE
LANTANA, FL 33462 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
JAN 4 2009
EXAMINER ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
400139414364
01/05/09--01012--002 **143.75

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Barry Whitaker* Charles B. Whitaker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

FILED
09 JAN 13 PM 12:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



STATEMENT
2008

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