

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV 12 AM 8:54

DOCUMENT # L 27004

1. Corporation Name

ACTION MOTOSPORT OF SOUTH FLORIDA, INC
540 W SUNRISE BLVD
FT. LAUDERDALE FL 33311

Principal Place of Business

Mailing Address

540 W. SUNRISE BLVD.
FT. LAUDERDALE FL 33311

REINSTATEMENT

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 10/07/1986	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0172736	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P/T/S	QUENNI KING	4101 DAVIE RD EXT	HOLLYWOOD, FL 33024
V	HOWARD SWINNERTON	1411 S.W. 13th STREET	FT. LAUDERDALE, FL 33315
			700003496907--4 -12/12/00--01042--023 ***1208.75 ***1208.75

8. Name and Address of Current Registered Agent

HOWARD SWINNERTON
1411 S.W. 13th STREET
FT. LAUDERDALE, FL 33315

9. Name and Address of New Registered Agent

Name
QUENNI KING
Street Address (P.O. Box Number is Not Acceptable)
4101 DAVIE ROAD EXT
Suite, Apt. #, Etc.
City
HOLLYWOOD
State
FL
Zip Code
33024

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 11-10-2000

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

QUENNI KING

11-10-2000 954-436-9905

Date Daytime Phone #

AD