PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2004 NOV -4 PM 3:20
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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11/04/04--01044--001 **300.00

DOCUMENT # L94000000126

1. Limited Liability Company's Name
Kartworlds of Central Florida, L.C.

2. Principal Office Address		3. Mailing Office Address	
4708 W. BRONSON HWY.		4708 W. BRONSON HWY.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: KISSIMMEE FL		City & State: KISSIMMEE FL	
Zip: 34746	Country:	Zip:	Country: 34746

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 03/28/1994

6. FEI Number: 593247010 ☐ 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: Robert R. Clark

Street Address (P.O. Box Number is Not Acceptable): 4708 W. BRONSON HWY.

Suite, Apt. #, Etc.:

City: KISSIMMEE | State: FL | Zip Code: 34746

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 _____ REGISTERED AGENT MUST SIGN

Date 34746 Oct 5/04

CR2E041 (10/02)

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
MGR	Robert R. Clark	4708 W. BRONSON HWY.	KISSIMMEE FL 3474
MGR	Timothy M. Clark	14116 SNEAD CIRCLE	ORLANDO FL 32837

REINSTATEMENT 2001-04

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 _____ Date 10/5/04 Daytime Phone # 407-390-7071

Typed or printed name of signing Managing Member/Manager ROBERT R. CLARK