

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -4 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # M01000000774

Name and Mailing Address

0015761 01 MB 0.309 **AUTO T8 0 0615 28388-07222



SKY'S THE LIMIT RACING LLC
146 OLD DEWBERRY LANE, PO BOX 722
SOUTHERN PINES NC 28388-0722



2. New Mailing Address

PO Box 2156

City, State, Zip

Oldsmar FL 34677

Principal Place of Business

146 OLD DEWBERRY LANE, PO BOX 722
SOUTHERN PINES NC 28388

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

NC

5. Date Organized or Qualified
To Do Business in Florida

04/06/2001

6. FEI Number

56-2190024

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

SMITH, MARIROSE
TAMPA BAY DOWNS RACE TRACK
OLDSMAR FL 34677

9. Name and Address of New Registered Agent

Name

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

200024412592

11/04/03--01059--001 **150.00

City

FL

Zip Code

10. 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

Ms. Signature Required
REGISTERED AGENT MUST SIGN

Date 11/1/03

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	SMITH, MARIROSE	PO BOX 722	S. PINES NC 28388
MGR	FRANZEN-MOYLE, SOfIE	PO BOX 1842	SOUTH PINES NC 28388

12. 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

Ms. Signature Required

Date

11/1/03

Daytime Phone #

910 315 4865

Typed or printed name of signing Managing Member/Manager