

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# M02000001292

**FILED**  
**Oct 12, 2007**  
**Secretary of State**

**Entity Name:** CIGARETTE RACING TEAM, LLC

**Current Principal Place of Business:**

4355 NW 128TH ST  
OPA LOCKA, FL 33054

**New Principal Place of Business:**

4255 NW 128TH ST  
OPA LOCKA, FL 33054

**Current Mailing Address:**

4355 NW 128TH ST  
OPA LOCKA, FL 33054

**New Mailing Address:**

4255 NW 128TH ST  
OPA LOCKA, FL 33054

**FEI Number:** 03-0437876      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

LOMONACO, PETER F  
4355 NW 128TH ST  
OPA LOCKA, FL 33054      US

**Name and Address of New Registered Agent:**

LOMONACO, PETER F  
4255 NW 128TH ST  
OPA LOCKA, FL 33054      US

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.

SIGNATURE: PETER F. LOMONACO

10/12/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: BRAVER, SKIP  
Address: 4355 NW 128TH ST  
City-St-Zip: OPA LOCKA, FL 33054

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change ( ) Addition  
Name: BRAVER, SKIP  
Address: 4255 NW 128TH ST  
City-St-Zip: OPA LOCKA, FL 33054

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SKIP BRAVER

PRES

10/12/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date