

**2008 LIMITED LIABILITY COMPANY
REINSTATEMENT**

FILED

08 DEC 19 AM 8:10

SECRETARY OF STATE
TALLAHASSEE FLORIDA



11192008 REIN-LLC CR2E101 (1/07)

DOCUMENT # M02000001292
 1. Entity Name
CIGARETTE RACING TEAM, LLC



Principal Place of Business
**4355 4255 NW 128TH ST
 OPA LOCKA, FL 33054**

Mailing Address
**4255 NW 128TH ST
 OPA LOCKA, FL 33054**

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

3. Mailing Address
 State Apt # etc

City & State

4. FEI Number
03-0437876

Applied For
 Not Applicable

7. Country

6. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
**LOMONACO, PETER F
 4255 NW 128TH ST
 OPA LOCKA, FL 33054**

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: Peter F Lomonaco **12/16/08**
(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$238.75
 After January 1, 2009, Fee will be \$377.50**

[Handwritten Signature]

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR	<input type="checkbox"/> Delete
NAME BRAVER, SKIP	
STREET ADDRESS 4355 NW 128TH ST	4355 NW 128 67
CITY-STATE-ZIP OPA LOCKA, FL 33054	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	500138696445
CITY-STATE-ZIP	12/08/08--01067--003 **238.75
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	L. SELLERS
STREET ADDRESS	
CITY-STATE-ZIP	DEC 22 2008
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EXAMINER
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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: Skip Braver **12/16/08**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE