| PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.   |  |
|---|--|
| CORPORATION REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS  | OT APR 10 PM 3: 18  SECRETARY OF STATE TALLAHASSEE, FLORIDA  |
| DOCUMENT # NO1000005642  1. Corporation Name  I. C. Racing, Inc.  | MELAHASSEE, FLORIÐA  |
| 2. Principal Office Address - No P.O. Box # 3. Mailing Office Address   | 500097356845<br>04/18/0701038007 **481.25  |
| 1440 Coral Ridge Dr. 1440 Coral Ridge Dr. Suite, Apt. #, etc.   | REINSTATEMBROY   |
| Suite 423 Suite 423   | 4. Date Incorporated or Qualified To Do Business in Florida  8 6   |
| City & State Coral Springs, FL Coral Springs, FL  | 5. FEI Number Applied For Not Applicable   |
|   | 6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status  |
| 7. Name and Address of Current Registered Agent   |  |
| Street Address (P.O. Box Number is Not Acceptable)  1440 Coral Ridge Dr.  Suite, Apt. #, Etc.  Suite Lag Springs  State Zip Code  FL 33071  | The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived. |
| 8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.  |  |
| Signature of Registered Agent Date 4307  REGISTERED AGENT MUST SIGN   |  |
| 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must fist at least 3 directors)   |  |
| Titles Name of Street Address of Eac Officers and/or Directors Officer and/or Director  |  |
| P lan Chin Loy 7615 NW. 68 TE   | rr Tamarac, FL 33321   |
| V Victoria Chinley 7615 NW 68 Ter   | rr Tamarac, FL 33321   |
| D Dennis Davis 1440 Coral Ridge t   | or, 51:423 Coral Springs, FL 33071   |
| D Chris Miller 1440 Coral Ridge Di  | r, Ste 423 Coral Springs FL 33071  |
| D Jerry Faoro 1440 Cural Ridge Dr.  | Ste423 Cord Springs FL 33071   |
| 10. 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 contained in Chapter 119, 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:  430-7 954-798-1153 |  |