

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>  <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b> JUN 25 PM 1:22 TALLAHASSEE, FLORIDA  <b>REINSTATEMENT</b>	
DOCUMENT # <u>1193000004931 (2)</u> 1. Corporation Name <u>Racing South Florida Pigeon Combine, Inc.</u>			
Principal Place of Business <u>7600 NW 56 AVE</u> <u>COCONUT CREEK, FL.</u> <u>33073</u>		Mailing Address <u>7600 NW 56 AVE</u> <u>COCONUT CREEK, FL.</u> <u>33073</u>	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country	
		4. Date Incorporated or Qualified To Do Business in Florida <u>10/26/1983</u> 5. FEI Number <u>65-0436574</u> 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <b>Additional Fee required for a Certificate of Status</b>	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PD	Silverman, Jack	7600 NW 56 AVE	COCONUT CREEK, FL 33073
VD	Pereira, Pedro R	9825 S 77th Street	Miami FL
SD	Muller, Pete	1645 SW 6th Court	Miami FL 33155
TD	Deutsch/Andel, Harry	5351 SW 109th Ave	St. Land FL 33328
			300002756579-6 -01/27/99--01072--006 ****297.50 ****297.50
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
		Name <u>Silverman Jack</u> Street Address (P.O. Box Numbers Not Acceptable) <u>7600 NW 56 AVE</u> Suite, Apt. #, Etc. City <u>COCONUT CREEK</u> State <u>FL</u> Zip Code <u>33073</u>	
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent <u>[Signature]</u> Date <u>11/19/99</u> REGISTERED AGENT MUST SIGN			
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)			
12. 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 under section 119.07(3)(i), 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: <u>JACK SILVERMAN Pres.</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<u>11/19/99-954-4289701</u> Date Daytime Phone #	

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