*

The state of the s

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM ()	
CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State Division of Corporations	2005 OCT 25 PM 12: 13
DOCUMENT # N94000001039	TALLAHASSEE, FLORIDA
Florida Widget Racing Association, Inc.	
2. Pripripal Office Address 4922, 18th 31 East 4922, EAS	REINSTATEMENT 02-05
Suite, Apt. #, etc. Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida 2/28/1994
City & State Pradenton City & State Bradenton	5. FEI Number Applied For
Zip Country MANATE Zip Country MANATE 34203 MANATES	593039954 Not Applicable CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required
	for a Cortilicate of Status
Name / /	
KENNETH B. IBUSCH	
Street Address (P.O. Box Number is Not Acceptable) 57. EAST	
Suite, Apt. #, Etc.	
City	State / Zip Code
Braden Ton	FL 34203
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 REGISTERED AGENT MUST SIGN Date 10.15.05	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list a	it least 3 directors)
Titles Name of Street Address of E. Officers and/or Directors Officer and/or Directors	ctor City / State / Zip
P-KENNETH BUSCH 4922.18th.	ST. EAST BradeNTON FT. 34203 ON Rel SARASOTA FL. 34232: OFN CT. NEW POST RicheyFL,
V. R Low Clows 618 CATTLEME	IN Red SARASOTA FL. 34232
S/F RO. PUNDERSON 12411 Bigho	OFN CT. NEW PORT RicheyPL,
•	800060922928
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 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 YEARS & ST. O.L.	10.15.05 518.5083
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #

10/2