PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000002427

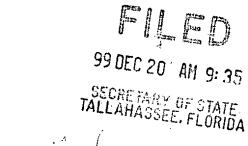
1. Corporation Name

FLORIDA MOTOR SPORTS HALL OF FAME, INC.

Principal Place of Business

1831 26 STREET NO ST PETERSBURG FL 33713 Mailing Address

1831 26 STREET NO ST PETERSBURG FL 33713





If above addresses are incorrect in any way, line through incorrect information and enter correction below.								
		New Mailing Office Address, If Applicable				Date Incorporated or Qualified To Do Business in Florida 04/27/1990		04/27/1998
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. FEI Number 59–3603000_		Applied For
City & State	والمراجعة والمراجعة المراجعة المراجعة	City & State	** ***	~ ~ ~		 	79-3003000	Not Applicable
Zip	Country	Country			6. CERTIFICATE OF STATUS DESIRED K.			
7. Names a	and Street Addresses of Each Officer and	or Director (Flo	rida nonprofi	t corporation	ons must list at lea	ast 3 directors)		
Title(s)	Name of Officers and/or Directors	· · · · · · · · · · · · · · · · · · ·	3	Stree	t Address of Each er and/or Director	h	4	City / State / Zip
ذ.≥و	DAVID RUDENIS		1831	26th	Street Mo	orth	St. Peters	sburg, FL 33713
S-T-D	GARY GATES	,	2911	4th A	venue Noi	rth	St. Peters	sburg, FL 33713
Ð	RON PETERS		7035	60th	Way		Pinellas !	Park, FL 34665
D	CHARLES PAPER		5046	71st	Lane Nort	th	St. Peters	sburg, FL 34666
		5 F MAN 15 M	-Cari	AT	99	- 709	000030	822291 9-0071-017
RemotateM				10			-12/28/\ ****245	9901071017 5.00 ****245.00 :
8. Name and Address of Current Registered Agent					9. Name and Address of New Registered Agent			
RUDENIS, FLORA 1831 26 STREET NO					Name Street Address (P.O. Box Number is Not Acceptable)			
ST PETERSBURG FL 33713					Suite, Apt. #, Etc.			
·					City State Zip Code			
10. I, being	g appointed the registered agent of the abo	ove named corpo	oration, am f	amiliar with	and accept the o	obligations of Sect	tion 607.0505, F.S.	
Signature o		TRRE	dri		IRED		Date <u>Decemb</u>	ber 15, 1000

11. 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

SIGNATURE

SIGNATURE AND TYPED OR PRINCED NAME OF SIGNING OFFICER OR DIRECTOR

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

REGISTERED AGENT MUST SIGN

December 15, 1999 727-328-192

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