1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION ~~REINSTATEMENT~~

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 MAY -2 AM 10:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P-19582

1. Corporation Name
RACING, INC.

2. Principal Office Address
c/o Leonard Bloom, P.A.
Suite, Apt. #, etc. #3000
BROAD AND CASSEL
201 S BISCAYNE BLVD.
City & State
MIAMI, FL
Zip 33131 Country USA

3. Mailing Office Address
c/o Leonard Bloom, P.A.
Suite, Apt. #, etc. #3000
Broad and Cassel#3000
201 S Biscayne Blvd.
City & State
Miami, FL
Zip 33131 Country USA

2001-2002 VBR

4. Date Incorporated or Qualified To Do Business in Florida 02/24/2000

5. FEI Number [ ] Applied For [XX] Not Applicable

6. CERTIFICATE OF STATUS DESIRED [XX]

7. Name and Address of Current Registered Agent

Name
GLENN B. LAKEN
Street Address (P.O. Box Number is Not Acceptable)
3131 NE 188 STREET
Suite, Apt. #, Etc.
none
City
Aventura
State FL Zip Code 33180

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 MAY 1, 2002
GLENN B. LAKEN REGISTERED AGENT MUST SIGN

CR2E061 (8/01)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D/P/S/T	GLENN B. LAKEN	3131 NE 188 STREET	AVENTURA, FL 33180

600005430916--0

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: _____ GLENN B. LAKEN, PRESIDENT 05/01/02 305-931-4564
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2 of 2

ACCOUNT NO. : 072100000032

REFERENCE : 561406 4310694

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : ~~$ 908.75~~ $308.75 charged

ORDER DATE : May 2, 2002

ORDER TIME : 10:44 AM

ORDER NO. : 561406-005

CUSTOMER NO: 4310694

2001 UBR was returned by P.O. Reinstatement fee was waived.

CUSTOMER: Ms. Anna Salgado
Broad And Cassel
Ste 3000, Miami Center
201 South Biscayne Boulevard
Miami, FL 33131

DOMESTIC FILINGS

NAME: RACING, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight EX 1156

EXAMINER'S INITIALS _____

FILED
02 MAY -2 AM 11:21
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA