

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000085836

1. Corporation Name

MIAMI MOTORSPORTS ACCESSORIES, INC.

Principal Place of Business

2006 BISCAYNE BLVD
MIAMI FL 33137

Mailing Address

2006 BISCAYNE BLVD
MIAMI FL 33137

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.

2010 Biscayne Blvd
MIAMI FL

Zip 33137

Country USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

1041 Waterside Lane
Hollywood FL

Zip 33019

Country USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/07/2000

5. FEI Number

65-1048096

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	TAMER, ZAFER T	1041 WATERSIDE LANE	HOLLYWOOD FL 33019
VD	CALDERA, SANDRA L	1041 WATERSIDE LANE	HOLLYWOOD FL 33019

8. Name and Address of Current Registered Agent

TAMER, ZAFER T
1041 WATERSIDE LANE
HOLLYWOOD FL 33019

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10.14.03

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10.14.03
Date

8009505001
Daytime Phone #

CR2E040 (7/03)

DIVISIONS OF CORPORATIONS
ANNUAL REPORT/REINSTATEMENT SECTION
PO BOX 6327
TALLAHASSEE FL 32314

10/15/2003

Dear Sir or Madam,

We would like to inform your department that we have moved to 2010 Biscayne Blvd.
Miami FL 33137 and unfortunately not received the two prior Uniform business reports. I
enclosed \$150.00 in the envelope for your section. Please accept our apologies and kindly
waive the penalty we are entitling for. We will appreciate your understanding and
consideration for this matter.

If you'd have any questions about this matter kindly contact me phone numbers below.

Sincerely yours,



Zafer T. TAMER

President

Miami Motorsports Acc. Inc.
2010 Biscayne Blvd.
Miami FL 33137
Toll free: 800 950 5001
Toll fax: 800 960 5001

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