

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAR 12 AM 7:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 000 000 86310

1. Corporation Name

LUSSIER MOTORSPORTS, INC.

2. Principal Office Address

14985 S. TAMiami TrL.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Ft Myers FL

City & State

Zip

33912

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09.12.2000

5. FEI Number

651047835

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

03/09/04--01054--002 **300 00

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

1201 Hays Street

700030117427

03/09/04--01054--002 **300 00

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

Jeanine Reynolds
as its agent

Date

3-8-04

REGISTERED AGENT MUST SIGN

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
P	GEORGE P. LUSSIER	14985 S. TAMiami TrL	Ft Myers FL 33912
VS	MARGARET M. LUSSIER	14985 S. TAMiami TrL	Ft Myers FL 33912
VD	STEPHEN P. LUSSIER	14985 S. TAMiami TrL	Ft Myers FL 33912

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

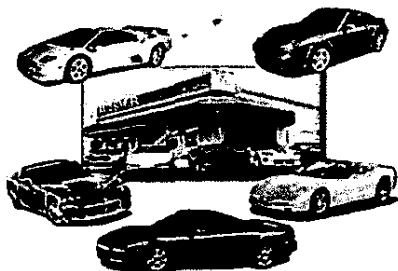
03.05.2004

Date

239.415.0606

Daytime Phone #

CR2001 (01/04)



14985 SOUTH TAMiami TRAIL / ROUTE 41
FORT MYERS, FL 33912
FON 239.415.0606
FAX 239.415.0566
WEBSITE LUSSIERMS.COM

March 05, 2004

Department of State
Division of Corporations
PO Box 6327
Tallahassee FL 32314

Subject: Receipt of Annual Report Application to Department of State

Let it be known by my signature, that I was not in receipt of a Department of State Annual Report application for the year 2003 nor for the year 2004

Enclosed please find the following forms and fees:

Corporation Reinstatement Form covering 2003	\$150.00
Corporation Reinstatement Form covering 2004	\$150.00
Reinstatement Fee	
Total	\$300.00

Sincerely,


Margaret M. Lussier,
Vice President, Secretary