


2004 FOR PROFIT CORPORATION REINSTATEMENT

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| DOCUMENT # P00000116294 |  |
| 1. Entity Name PLAYTIME POWERSPORTS, INC. | |

FILED

04 NOV 30 AM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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|---|---|
| Principal Place of Business 1306 SOUTH STATE ROAD 7 FORT LAUDERDALE, FL 33317 | Mailing Address 1306 SOUTH STATE ROAD 7 FORT LAUDERDALE, FL 33317 |
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| 2. Principal Place of Business 1306 S. state Road 7 Suite, Apt. #, etc. | 3. Mailing Address 1306 S. state Road 7 Suite, Apt. #, etc. |
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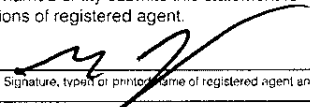
11012004 REIN-P CR2E098 (6/04)

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| City & State Ft. Lauderdale FL | City & State Ft. Lauderdale FL |
| Zip 33317 | Zip 33317 |
| Country USA | Country USA |

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| 4. FEI Number 65-1062828 | Applied For Not Applicable |
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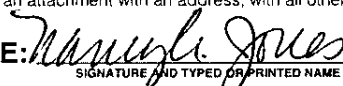
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent RODERMAN, SANTUCCI & LONG, LLP 888 EAST LAS OLAS BOULEVARD SUITE 601 FORT LAUDERDALE, FL 33301 | 7. Name and Address of New Registered Agent Name Gary H. Jones Street Address (P.O. Box Number is Not Acceptable) 1100 NW 93 Avenue City Plantation FL Zip Code 33322 |
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| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | |
| SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. | DATE 11/12/04 (NOTE: Registered Agent signature required when reinstating) |

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| FILE NOW!!! FEE IS \$750.00 After January 1, 2005, Fee will be \$900.00 |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE PD | NAME JONES, GARY H | TITLE | NAME |
| STREET ADDRESS 1306 SOUTH STATE ROAD 7 | CITY-ST-ZIP FORT LAUDERDALE, FL 33317 | STREET ADDRESS | CITY-ST-ZIP |
| TITLE STD | NAME JONES, NANCY A | TITLE | NAME |
| STREET ADDRESS 1306 SOUTH STATE ROAD 7 | CITY-ST-ZIP FORT LAUDERDALE, FL 33317 | STREET ADDRESS | CITY-ST-ZIP |
| TITLE VPD | NAME SMADES, HARVEY | TITLE | NAME |
| STREET ADDRESS 300 SOUTH STATE ROAD 7 | CITY-ST-ZIP PLANTATION, FL 33317 | STREET ADDRESS | CITY-ST-ZIP |
| TITLE | NAME | TITLE | NAME |
| STREET ADDRESS | CITY-ST-ZIP | STREET ADDRESS | CITY-ST-ZIP |
| TITLE | NAME | TITLE | NAME |
| STREET ADDRESS | CITY-ST-ZIP | STREET ADDRESS | CITY-ST-ZIP |
| TITLE | NAME | TITLE | NAME |
| STREET ADDRESS | CITY-ST-ZIP | STREET ADDRESS | CITY-ST-ZIP |

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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | |
| SIGNATURE:  Nancy A. Jones SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | DATE: 11/12/04 Daytime Phone #: 954-587-4556 |