PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 MAY 26 PM 12:57

DOCUMENT # P01000060321

1. Corporation Name
Razors Edge Motorsports, Inc

REINSTATEMENT 03-05

2. Principal Office Address	3. Mailing Office Address
3701 NW 16th St.	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lauderhill, FL	City & State
Zip: 33311 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 06/15/01

5. FEI Number: 65-1112356 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Tim Kaatz

700055342957
05/26/05--01002--009 **050.00

Street Address (P.O. Box Number is Not Acceptable): 3701 NW 16 St.

Suite, Apt. #, Etc.

City: Lauderhill State: FL Zip Code: 33311

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: X Tim Kaatz REGISTERED AGENT MUST SIGN Date: 5/20/05

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/D	Tim Kaatz	3701 NW 16 St.	Lauderhill, FL 33311

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 TIM KAATZ Tim Kaatz 5/20/05 954-792-9866
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E080 (01/05)