

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN 27 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000010955950
01/27/03--01060--004 **758.75



REINSTATEMENT 02

DOCUMENT # P01000060321

1. Corporation Name

RAZORS EDGE MOTORSPORTS, INC.

Principal Place of Business

159 WEST HEMINGWAY CIR
MARGATE FL 33063

Mailing Address

159 WEST HEMINGWAY CIR
MARGATE FL 33063

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

1925 MEARS PARKWAY

3. New Mailing Office Address, If Applicable

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MARGATE FL.

City & State

Zip

33063

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/15/2001

5. FEI Number

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	RICCIO, PAUL T	150 WEST HEMINGWAY CIR 6220 Wiles Rd.	MARGATE FL 33063 CORAL SPRINGS 33067
D	KATZ, Tim H.	5440 NW 86 WAY	CORAL SPRINGS FL 33063

8. Name and Address of Current Registered Agent

KRISTEFF, DORIS A
2020 NE 27 COURT
LIGHTHOUSE POINT FL 33064

9. Name and Address of New Registered Agent

Name

TIM KATZ

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

5440 NW 86 WAY

Suite, Apt. #, Etc.

City

CORAL SPRINGS

State

FL

Zip Code

33067

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

1-16-03

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-03

Date

954-917-9200

Daytime Phone #