

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 JAN 20 PM 4:59

DOCUMENT # P010000 93449

**1. Corporation Name**

Velocity Racing Inc.

**REINSTATEMENT 03**

**2. Principal Office Address:**

2240 SW 70 Ave

Suite, Apt. #, etc.

C-1

City & State

Davie FL

Zip

33317

Country

USA

**3. Mailing Office Address**

2240 SW 70 Ave

Suite, Apt. #, etc.

C-1

City & State

Davie FL

Zip

33317

Country

USA

200027248372

01/20/01--01006--018 \*\*750.00

**4. Date Incorporated or Qualified  
To Do Business in Florida**

9/25/01

**5. FEI Number**

65-1139530

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

Barry Henson

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

2240 SW 70 Ave C-1

Suite, Apt. #, Etc.

City

Davie FL

State

FL

Zip Code

33317

**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

Barry Henson

REGISTERED AGENT MUST SIGN

Date 1/12/2004

**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
Pres	Barry Henson	14820 Tethercliff St	Davie FL 33331
V.P.	Barry Henson	14820 Tethercliff St	Davie FL 33331
Secy	Barry Henson	14820 Tethercliff St	Davie FL 33331

**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:**

Barry Henson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/2004

Date

(954) 452-9918

Daytime Phone #

CR2001 (1/02)