

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 DEC 12 PM 11:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P-01000105841

**1. Corporation Name**

Ft Lauderdale Motor Sports, Inc

**2. Principal Office Address**

4839 SW 148 Ave

Suite, Apt. #, etc.

Suite 410

City & State

Miami, FL

Zip

33175

Country

Dade

**3. Mailing Office Address**

Same

Suite, Apt. #, etc.

City & State

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

11/01/2001

**5. FEI Number**

651149499

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

Peter M. Lopez, PA

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

2450 SW 137 Ave

Suite, Apt. #, Etc.

Suite 234

City

Miami

State

FL

Zip Code

33175

**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

Date

12/9/03

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
DPVS	Ralph Salas	4839 SW 148 Ave #410	Miami, FL 33175

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RALPH SALAS

Date

12/9/03

Daytime Phone #

Charter Number Only

VALIDATION ONLY

12/11/03

Peter Lopez

Requestor's Name

450 SW 137th Ave

Address

Miami, FL 33175

City

State

ZIP

Phone

(305) 553-8020

CORPORATION(S) NAME

F. Lauderdale Motor Sports, Inc.  
#PDI 000105841

- ☐ Profit ☐ NonProfit ☐ Amendment ☐ Merger ☐ Foreign ☐ Dissolution ☐ Mark ☒ Limited Partnership ☐ Annual Report ☐ Other ☒ Reinstatement ☐ Reservation ☐ Change of Registered Agent ☐ Certified Copy ☐ Photo Copies ☒ Certificate Under Seal ☒ Call When Ready ☐ Call If Problem ☐ After 4:30 ☒ Walk In ☐ Will Wait ☒ Pick Up ☐ Mail Out

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier



Empire Toll Free: 1-800-432-3028

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