PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Jim Smith FILED Secretary of State **DIVISION OF CORPORATIONS** 02 OCT 30 AM 9: 30 P01000110417 DOCUMENT # SECRETARY OF STATE TALLAHASSEE, FLORIDA 1. Corporation Name PREMIER MOTORSPORTS, INC. Principal Place of Business Mailing Address 9293 BAY PINES BLVD 9293 BAY PINES BLVD ST PETERSBURG FL 33708 ST PETERSBURG FL 33708 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida 11/14/2001 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State City & State Not Applicable \$8.75 Additional Fee required Country Country 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) Name of Officers Street Address of Each Title(s) City / State / Zip and/or Directors Officer and/or Director PD MARINI, MICHAEL D 8071 12TH AVE S ST PETERSBURG FL 33707 BABBONI, MICHAEL J VD**S1** 111 2ND AVE NE. SUITE 620 ST PETERSBURG FL 33701 RECOP: REGINA L -7014 9TH AVE S CT PETERSBURG FL 33707 --300008694013 10/30/02--01032--018 **150.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name BABBONI, MICHAEL J Street Address (P.O. Box Number is Not Acceptable) 111 2ND AVE NE. SUITE 620 ST PETERSBURG FL 33701 Suite, Apt. #, Etc. City State | Zip Code 10. I, being appointed the registered agent of the above named corporation, am familiar with any accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

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 filling 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.

STERED AGENT MUST SIGN

SIGNATURE: SIGNATURE AND THE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Signature of Registered Ager

10-25-02

727-827-4944

Daytime Phone

CR2E040 (8/02)



ATTORNEYS AT LAW
A Partnership of Professional Associations

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10/23/02

Florida Department of State Jim Smith, Secretary of State Division of Corporation P.O. Box 6327 Tallahassee, FL 32314

Dear Sir/Madam:

Please be advised the prior UBR notices informing Premier Motorsports, Inc., that it would be administratively dissolved for failing to file its annual report were never received. Therefore, please accept this application for reinstatement and the \$ 150.00 (without penalty) filing fee and return this corporation to active status immediately.

Sincerely

Michael J. Babboni

MJB/jg Enclosure