

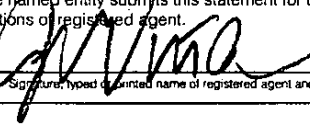



2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000006097 1. Entity Name VASCO MOTORSPORTS, INC.						FILED 05 FEB -9 AM 9:30 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 20268 HACIENDA CT. BOCA RATON, FL 33498				Mailing Address 20268 HACIENDA CT. BOCA RATON, FL 33498			
2. Principal Place of Business 14991 HORSESHOE TRACE Suite, Apt. #, etc.		3. Mailing Address 14991 HORSESHOE TRACE Suite, Apt. #, etc.					
City & State WELLINGTON, FL Zip 33414		City & State WELLINGTON, FL Zip 33414		4. FEI Number 58-2672435		Applied For <input type="checkbox"/> Not Applicable	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent GARCIA, MARIANO 1870 FOREST HILL BLVD STE 203 WEST PALM BEACH, FL 33406				7. Name and Address of New Registered Agent Name GEORGE F. VINA Street Address (P.O. Box Number is Not Acceptable) 255 ALHAMBRA CIRCLE SUITE 715 City CORAL GABLES FL Zip Code 33134			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE  GEORGE F. VINA 2/4/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE							
FILE NOW!!! FEE IS \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE D <input type="checkbox"/> Delete NAME URRUTIA, DANIEL STREET ADDRESS 20268 HACIENDA CT. CITY-ST-ZIP BOCA RATON, FL 33498				TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 14991 HORSESHOE TRACE STREET ADDRESS WELLINGTON, FL 33414			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: 				Date 2-5-05			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # 914-733-2501			