

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1072

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JAN 28 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000100803

1. Corporation Name

Flex Motorsport LLC

2. Principal Office Address

7111 Norton Ave #8

Suite, Apt. #, etc.

3. Mailing Office Address

1782 SE Biddle Ln

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

City & State

Port Saint Lucie, FL

Zip

33405

Country

Zip

34983

Country

4. Date Incorporated or Qualified
To Do Business in Florida

9/13/02

5. FEI Number

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

Hector Toribio

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

1782 SE Biddle Ave

Suite, Apt. #, Etc.

City

Port Saint Lucie

State

FL

Zip Code

34983

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

Hector Toribio

Date

1/28/05

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
<u>Pres.</u>	<u>Hector Toribio</u>	<u>1782 SE Biddle Ln</u>	<u>Port Saint Lucie, FL 34983</u>

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:

Hector Toribio

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/28/05

Daytime Phone #

(561) 941-6966

2 of 2

1/28/05

To whom it may concern:

I Hector Toribio owner of FLEX MOTORBOAT INC,
which document number is PO2000100803 did not
receive the annual renewal form, because of address change
in the Past.

I Please ask that the Fees are waived, so
that I can reinstate the corporation today.

Thank You

Sincerely,

Hector Toribio
Hector Toribio