

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

05 FEB -4 AM 10:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

DOCUMENT # P02000118246

1. Entity Name
TEAM REDLINE MOTOR SPORT, INC.



Principal Place of Business
**4636 OLD WINTER GARDEN
ORLANDO, FL 32811**

Mailing Address
**4636 OLD WINTER GARDEN
ORLANDO, FL 32811**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent

**SINGH, DEVINDRANATH S
4636 OLD WINTER GARDEN
ORLANDO, FL 32811**

4. FEI Number
30-0125741

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 *[Signature]* DATE **1/28/05**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SINGH, DEVINDRANATH S 4636 OLD WINTER GARDEN ORLANDO, FL 32811 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800046419188 02/11/05--01017--007 **\$900.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* DATE **1/28-05** 407-522-4300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR