

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000152635 1. Entity Name SPEEDWAY PROPERTIES, INC.						FILED 05 SEP 26 PM 12:54 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 29601 SW 137 AVE. HOMESTEAD, FL 33033				Mailing Address 29601 SW 137 AVE. HOMESTEAD, FL 33033			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address 27340 So Dixie Hwy. Suite, Apt. #, etc.			
City & State Naranja Fla				4. FEI Number 20-1997971			
Zip 33032				Country USA			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent GLAZEBROOK, DONNA 9771 WAYNE AVE. MIAMI, FL 33157				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$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 NESS, CHARLES P 7500 SW 173 ST. MIAMI, FL 33157	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200060059772 09/29/05--01012--013 ***150.00				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
TITLE	D <input type="checkbox"/> Delete NESS, SCOTT 2982 ALTON RD. MIAMI BEACH, FL 33140	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(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: _____ 9/26/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							