PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	Secreta	RTMENT OF STATI ary of State	≘^ }	FILED 2008 MAY 28 AM 10: 46	
DOCUMENT # P05000162290 1. Corporation Name				SECREBARY OF STATE TALLAHASSEE, FLORIDA	
ALTNEU MOTORSPORTS, INC.					
2. Principal Office Address - No P.O. Box # 437 SW / ST Suite, Apt. #, etc.	3. Mailing Office Addition 437 5 W. Suite, Apt. #, etc.		05/28/ REI	0130292002 0801001015 **450.00 NSTATEMENT	
City & State BOCA RATON, FL Zip Country	City & State BOCA RA	Country	5. FEI Numbe	porated or Qualified iness in Florida DEC 16, 2005 Applied For Not Applicable	
210 33432 Country PALM BEACH	33432	PALM BEAC	GERTIFICATI	CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status	
Name TASON S. ALTNEU Street Address (P.O. Box Number is Not Acceptable) 437 SW / ST Suite, Apt. #, Etc. City BOCA RATON, State Zip Code 33432			circum the pri are ce receiv fee be	The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.	
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 Agent Registered Agent MUST SIGN Date MAY 21, 2009					
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	
OWNER PRES JASON S. ALTNEU		4375W/ST 33+32		BOCH RATION, FL 33132	
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 contained in Chapter 119, 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: JASON S. ALTNEU 5/21/08 (954)6752156 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Destine Phone #					