2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000081514

Entity Name: CET RACING, INC

City-St-Zip:

ORLANDO, FL 32803 US

FILED May 12, 2009 Secretary of State

	OLITON	on vo, n vo.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
BAY POIN	NGERMAN C TE CENTER, VILLE, FL 32	SUITE 1			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
8601 YOUNGERMAN CIRCLE BAY POINTE CENTER, SUITE 1 JACKSONVILLE, FL 32244 US			2870 STATE ROAD #13 JACKSONVILLE, FL 32259 US		
FEI Number:	: 20-5049834	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
	OHN G TH FERNCRE), FL 32803	EK AVENUE US			
	named entity e of Florida.	submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,	
SIGNATUR	RE: JOHN G	. PIERCE			
	Electro	nic Signature of Registered Age	ent	Date	
		93(2)(b), F.S., the corporation did no	t receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	SOLAROLI, AL 8601 YOUNGE) Delete .BERTO ERMAN CIRCLE, BAY POINTE CTR, # .E, FL 32244 US	Title: Name: 1 Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PIERCE, JOH	ERNCREEK AVENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	PIERCE, JOH) Delete N G ERNCREEK AVENUE	Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: ALBERTO SOLAROLI PRES 05/12/2009