2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000136593

MUNOZ, ANTHONY

2640 MARINA BAY DR EAST SUITE 2-150

FT LAUDERDALE, FL 33312 US

Name:

Address: City-St-Zip:

Entity Name: COUNTYLINE DRAGWAY, INC.

FILED Sep 25, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2640 MARINA BAY DR EAST **SUITE 2-105** FT LAUDERDALE, FL 33312 **New Mailing Address: Current Mailing Address:** 2640 MARINA BAY DR EAST **SUITE 2-105** FT LAUDERDALE, FL 33312 FEI Number: 20-5793834 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MUNOZ, JOHN 2640 MÁRINA BAY DR EAST **SUITE 2-105** FT LAUDERDALE, FL 33312 US 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. SIGNATURE: JOHN MUNOZ Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition SCALZO, PETER Name: Name: 1066 S.W. 2ND AVE Address: Address: City-St-Zip: POMPANO BEACH, FL 33060 City-St-Zip: Title: VP,S Title: () Delete () Change () Addition Name: MUNOZ, JOHN Name: 2640 MARINA BAY DR EAST SUITE 2-105 Address: Address: FT LAUDERDALE, FL 33312 US City-St-Zip: City-St-Zip: () Delete Title: Title: () 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.

Name:

Address:

City-St-Zip:

SIGNATURE: JOHN MUNOZ VP,S 09/25/2007