

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 NOV 13 A 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800162796998
11/13/09--01027--002 **300.00

CR2E081 (12/07)

DOCUMENT # P07000077416

1. Corporation Name

BMS MOTORSPORTS, INC.

2. Principal Office Address - No P.O. Box #

390 N. BEACH ST.

Suite, Apt. #, etc.

City & State

DAYTONA BEACH, FL

Zip

32114

Country

US

3. Mailing Office Address

390 N. BEACH ST.

Suite, Apt. #, etc.

City & State

DAYTONA BEACH, FL

Zip

32114

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

07/06/2007

5. FEI Number

20-3613902

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

A1A REGISTERED AGENT INC.

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

5647 110TH AVENUE NORTH

Suite, Apt. #, Etc.

City

ROYAL PALM BEACH

State

FL

Zip Code

33411

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

Imajmaki

REGISTERED AGENT MUST SIGN

Date

11/9/09

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
D,P,T,S	PATRICK Y KIM	390 N. BEACH ST.	DAYTONA BEACH, FL 32114

REINSTATEMENT
08-09
[Signature]

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:

[Signature]

PATRICK Y KIM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-03-2009

Date

(626) 810-8877

Daytime Phone #