PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | | | | | | | | FILED | |
|--|-----------------------------------|--|----------------------|---|----------------------------|----|---|---|--|
| DOCUMENT # P07000077416 1. Corporation Name | | | | | | | | 2010 AUG 20 A 11: 55 | |
| BMS MOTORSPORTS, INC. | | | | | | | | Georetary of State Tallahassee. Flobida | |
| | | | | | | | ·** | nn10/557777 | |
| · | | | | Office Address ELLICK AVE | | | 0872 | 00184557232 0/1001014013 **750.00 | |
| Suite, Apt. #, etc. Suite, Apt. # | | | | etc. | | | CR2E081 (6/10) 4. Date incorporated or Qualified | | |
| City & State CITY OF INDUSTRY, CA CITY | | | | OF INDUSTRY, CA | | | To Do Business in Florida 07/06/2007 5. FEI Number | | |
| ^{Zip} 91748 | 748 Country | | ^{Zip} 91748 | | Country | 6. | | OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status | |
| 7. Name and Address of Current Registered Agent | | | | | | | | | |
| Name SUPERBIZ REGISTERED AGENT, INC. | | | | | | | | | |
| Street Address (P.O. Box Number is Not Acceptable) 2761 VISTA PKWY UNIT E4 | | | | | | | | | |
| Suite, Apt. #, Etc. | | | | | | | | | |
| City WEST PALM BEACH | | | | | State Zip Code FL 33411 | | | | |
| 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 Prud Smith V.P. REGISTERED AGENT MUST SIGN | | | | | | | Date 8 19 10 | | |
| 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 | |
| P,S,T,D | PATRICK Y KIM | | | 1201 JELLICK A\ | | | | CITY OF INDUSTRY, CA 91748 | |
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| | REINSTATEMEN | | | | | | TATEMENT | | |
| | | | | | | | 2010 | | |
| 10 | | | | | | | | gres | |
| 10. E-mail Address: service@bmsmotor.com (To be used for future annual report notification) | | | | | | | | | |
| 11. 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 filling 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. I further certify, 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: Date Date | | | | | | | | | |