

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

RECEIVED  
DIVISION OF CORPORATIONS

13 SEP 27 AM 9:02

DOCUMENT # P10000002363

1. Corporation Name

**Jeff Mathews Motor Sports, Inc**

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

**520 E Brandon Blvd**

Suite, Apt. #, etc.

City & State

**Brandon FL**

Zip

**33511**

Country

3. Mailing Office Address

**520 E Brandon Blvd**

Suite, Apt. #, etc.

City & State

**Brandon FL**

Zip

**33511**

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

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

**Jeff Mathews**

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

**1824 South Ridge Drive**

Suite, Apt. #, Etc.

City

**Valrico**

State

**FL**

Zip Code

**33594**

500252155705  
09/27/13--01035--015 \*\*1050.00

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

Date

REGISTERED AGENT MUST SIGN

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
DPST	Jeff Mathews	1824 South Ridge Drive	Valrico FL 33594

**REINSTATEMENT**

SEP 27 2013

R. HUNT

10. E-mail Address: jeff@cursinc.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 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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

*Jeff Mathews*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/18/13

Date

813-477-0845

Daytime Phone #