PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** FILED Sandra B. Mortham FOR Secretary of State 99 JAN -6 PM 2: 32 REINSTATEMENT DIVISION OF CORPORATIONS SECRETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # P92000015238 1. Corporation Name B & P RACING, INC. Principal Place of Business Mailing Address 2239 SOUTH KANNER HIGHWAY 2239 SOUTH KANNER HIGHWAY STUART FL 34994 STUART FL 34994 If above addresses are incorrect in any way, line through incorrect information and enter correction 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified
To Do Business in Florida 12/28/199 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State City & State 65-0386755 \$8.75 Additional Fee required for a Certificate of Status Zip Country Zip Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) City / State / Zip Title(s) D BLACKMORE, JULIA ANN 2239 S. KANNER HIGHWAY STUART FL 34994 ۷P BEALE PRUDGEM 2239 S KAMBER HWY STUART FL <u> Hake Pridaer</u> ST **BLAKE PRUDON** 2239 S. KANNER HWY STUART FL <u>6010002739306</u>--01/13/93--01030--014 ****750.00 ****750.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name SUNDHEIM, FREDERICK G JR Street Address (P.O. Box Number is Not Acceptable) 310 WEST FIRST ST. STUART FL 34994 Suite, Apt. #, Etc. Ĉф Zip Code 10. I, being appointed the nd accept the obligations of Section 607.0505, F.S. MRED Signature of Registered Ager AGENT MUST SIGN This corporation owes or has paid the current year (See other side for information on intangible tax.) Intangible Personal Property tax due June 30. No Yes l 12. 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 under section 119.07(3)(i), 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: