

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000014294

1. Corporation Name

CARRERA MOTOR SPORTS, INC.

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

8200 SW 8th Street

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33125

Country

USA

3. Mailing Office Address

8200 SW 8th Street

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33125

Country

USA

7. Name and Address of Current Registered Agent

Name

ENRIQUE VALENZUELA

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

1221 BRICKELL AVENUE

Suite, Apt. #, Etc.

8TH FLOOR

City

MIAMI

State

FL

Zip Code

33131

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 05/05/2010

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	ISHAI H AMADO	75 NW 47TH AVENUE	MIAMI, FLORIDA
VP	CARLOS GONZALEZ	75 NW 47TH AVENUE	MIAMI, FLORIDA
T	J. MIGUEL MUNOZ	75 NW 47TH AVENUE	MIAMI, FLORIDA
AT	RAFAEL LAURENTI	75 NW 47TH AVENUE	MIAMI, FLORIDA
AT	D. VELAZQUEZ	75 NW 47TH AVENUE	MIAMI, FLORIDA

10. E-mail Address:

(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., 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/05/2010

Date

Daytime Phone #

SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 MAY 19 PM 3:32

FILING CANCELLED
RETURNED CHECK

200181108642
05/20/10--01001--005 **1950.00

CR2E081 (11/09)

4. Date Incorporated or Qualified

To Do Business in Florida 02/17/1993

5. FEI Number

☒ Applied For

☐ Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ 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.