

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

96 DEC -3 AM 10:26

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # **PA40000778**  
1. Corporation Name **Performance Racing Systems Inc.**

Principal Place of Business **6229 SW 19st  
Miramar FL  
33023**  
Mailing Address **6229 SW 19st  
Miramar FL  
33023**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

**REINSTATEMENT** **96**

2. New Principal Office Address, if Applicable		3. New Mailing Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida <b>10/20/99</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>65-0533311</b>	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/T	Randy Miller	6229 SW 19st	Miramar FL 33023
V/S	April Miller	6229 SW 19st	Miramar FL 33023

500002019445--7  
-12/04/96--01064--005  
\*\*\*\*375.00 \*\*\*\*375.00

8. Name and Address of Current Registered Agent

**Randy Miller  
6229 SW 19st  
Miramar FL  
33023**

9. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City State Zip Code  
**FL**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent **Randy Miller** Date **11/25/96**  
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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: **Randy Miller** **Randy Miller** Date **11/25/96** (954) 983-8509  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR