

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 SEP 21 PM 1:16

DOCUMENT #P95000001861

**1. Corporation Name**

Dade Motor Sports, Inc.

**2. Principal Office Address**

15160 SW 71 Court

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33158

Country

USA

**3. Mailing Office Address**

15160 SW 71 Court

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33158

Country

USA

**REINSTATEMENT**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

01/09/1995

**5. FEI Number**

65-0548915

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

Humberto E. Ruiz

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

2298 NW Boca Raton Blvd. #18

Suite, Apt. #, Etc.

Boca Raton

City

Boca Raton

300004610773--3

-09/25/01--01082--020

\*\*\*\*158.75 \*\*\*\*158.75

State  
FL

Zip Code  
33431

**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

8/28/01

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
P/D	Frank Torres	15160-SW 71 Court	Miami, FL 33158
			300004610773--3 -09/25/01--01082--021 ****750.00 ****750.00

**10. 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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FRANK TORRES  
PRESIDENT

8/28/01

301-417-5578