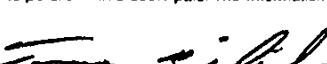


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Sandra B. Martham Secretary of State DIVISION OF CORPORATIONS	FILED 96 DEC 16 AM 8:38 SECRETARY OF STATE TALLAHASSEE, FLORIDA
DOCUMENT # P95000017051			
1 Corporation Name RAMPAGE RACING, INC.			
Principal Place of Business 1601 JACKSON STREET, #202 FORT MYERS, FL 33901		Mailing Address P.O. BOX 1109 FORT MYERS, FL 33902	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable		3. New Mailing Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida 3/1/95			
5. FEI Number 65-0560769		Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PRESIDENT D	GLENN BOWLIN	615 CLEVELAND AVE	LEHIGH ACRES, FL 33936
V. PRES. SECRETARY/TRES. D	TONY ZIELINSKI	1601 JACKSON STREET #202	FORT MYERS, FL 33901
500002033015-8 -12/18/96-01101-025 ****375.00 ****375.00			
8. Name and Address of Current Registered Agent TONY ZIELINSKI 1601 JACKSON STREET #202 FORT MYERS, FL 33901		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City <input type="checkbox"/> State <input type="checkbox"/> 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 REGISTERED AGENT MUST SIGN		Date 12-12-96	
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		(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 furnished 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 817, 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 817.0401, 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:  SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 12-12-96 Daytime Phone #	