


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		<div style="border: 1px solid black; padding: 5px; transform: rotate(-5deg); display: inline-block;"> <b>FILED</b>          97 JAN 27 AM 8:48          SECRETARY OF STATE          TALLAHASSEE, FLORIDA       </div>  <div style="border: 1px solid black; padding: 5px; transform: rotate(-5deg); display: inline-block;"> <b>REINSTATEMENT</b> </div>	
<b>DOCUMENT #</b> P95000046223 1. Corporation Name  Human Race Management, Inc.					
Principal Place of Business      Mailing Address  5201 Ravenswood Road Suite 113 Ft. Lauderdale, FL 33312					
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable  Suite, Apt. #, etc.  City & State  Zip      Country		3. New Mailing Address, If Applicable  Suite, Apt. #, etc.  City & State  Zip      Country		4. Date Incorporated or Qualified To Do Business in Florida  June 14, 1995  5. FEI Number  Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
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)	2	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4	City / State / Zip
P/D		Joseph F. Whitehead	5201 Ravenswood Rd		Ft. Lauderdale, FL 33312
8. Name and Address of Current Registered Agent  Joseph F. Whitehead, P.A. 5201 Ravenswood Rd, #111 Ft. Lauderdale, FL 33312			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: <u>Joseph F. Whitehead</u> Date: <u>9/10/96</u> REGISTERED AGENT MUST SIGN					
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 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: <u>Joseph F. Whitehead</u> <u>Joseph F. Whitehead</u> <u>9/10/96</u> <u>954-963-4400</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #					

CR2E040 (12/95)