

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P95000052349**

1. Corporation Name

ACCLAIM MOTORSPORTS, INC.

Principal Place of Business

4712 N LOIS AVE
TAMPA FL 33614

Mailing Address

4712 N LOIS AVE
TAMPA FL 33614

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 Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/03/1995

SP

5. FEI Number

59-3324107

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSD	QUINN, SCOTT	2503 SUNSET DR	TAMPA FL

8. Name and Address of Current Registered Agent

ALVAREZ, ANDRES JR
4606 N MATANZAS
TAMPA FL 33614

9. Name and Address of New Registered Agent

Name **Scott Quinn**
Street Address (P.O. Box Number is Not Acceptable)
4712 N. Lois Ave
Suite, Apt. #, Etc.
City **Tampa** State **FL** Zip Code **33614**

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 **Scott Quinn**
REGISTERED AGENT MUST SIGN

Date **4/2/01**

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 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: **Scott Quinn**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/01 **(813)873-7451**
Date Daytime Phone #

FILED

01 APR -4 PM 12: 27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT **00-01**

CR2E040 (800)