


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 OCT 28 PM 4:13

DOCUMENT # P95000062729

1. Corporation Name

SPORTSCAR SPECIALIST, INC.

Principal Place of Business

Mailing Address

2021-B SOUTHWEST 27TH AVE.  
OCALA FL 34474

2021-B SOUTHWEST 27TH AVE.  
OCALA FL 34474



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 Office 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

08/11/1995

5. FEI Number

59-3330058

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
PVST	COMEAX, WINSTON	3101 SW 34TH AVE., BLDG. 905-117	OCALA FL 34474

700003035807--4  
-11/05/99--01007--018  
\*\*\*\*150.00 \*\*\*\*150.00

11/13

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JOHNSON, MICHAEL W  
307 NORTHWEST THIRD STREET  
OCALA FL 34475

Name

Winston Comeaux

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

3101 SW 34th Avenue

Suite, Apt. #, Etc.

Bldg 905-117A

City

Ocala

State

FL

Zip Code

34474

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

*Winston Comeaux Pres.*

Date 10/21/99

REGISTERED AGENT MUST SIGN

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:

*Winston Comeaux Pres.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/21/99

Daytime Phone #

CR2E140 (8/99)