PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING A HAR FORM. FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State 96 OCT 10 PH 1: 32 DIVISION OF CORPORATIONS SECRETARY OF STATE TALLAHASSEE, FLORIDA P95000086937 DOCUMENT # 1. Corporation Name HOGSTER RACING, INC. Mailing Address Principal Place of Business 1975 SOUTHWEST 116 AVE. 1975 SOUTHWEST 116 AVE. **DAVIE FL 33325** DAVIE FL 33325 If above addresses are incorrect in any way, line through incorrect information and enter correction below. Date Incorporated or Qualified
To Do Business in Florida 3 New Mailing Office Address, If Applicable 2. New Principal Office Address. If Applicable 11/14/1995 5. FEI Number Applied For \$8.75 Additional Fee required for a Certificate of Status CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Name of Officers City / State / Zip Davie, FL 1975 SW 116# ADE. John M. Pellerto 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent PELLERITO, JOHN M 1975 SOUTHWEST 116 AVE. **DAVIE FL 33325** 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 Flogistered Agent REGISTERED AGENT MUST SIGN 11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. (See other side for information on intangible tax.)

12. 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 filling 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:

TED NAME OF SIGNING OFFICER OR DIRECTOR