	DI EACE DEAD	ALL INICTOLIC	マンマン		COMPLET!	NO THE EODS		
PLEASE READ ALL INSTRUCTIONS BEFOR FOR FOR Severetary of State DIVISION OF CORPORATIONS					1			
DOCUMENT # P96000051763 1. Corporation Name					97 NOV -6 AM 8: 52			
MICHAEL MUHLBAIER MOTORSPORTS, INC.					SECRETARY OF STATE TALLAHASSEE FLORIDA			
Principal Place of Business Mailing Address					-			
	REY POINT N.E. SBURG FL 33704	976 MONTEREY POINT N.E. ST. PETERSBURG FL 33704						
	ncipal Office Address, If Applicable	3. New Mailing Office Address, If Applicable Suite, Apt. #, etc.			Date Incorporated or Qualified To Do Business In Florida 06/18/1996			
					5. FEI Number		Applied For	
City & State		City & State			59. 3386 709 Not Applicable			
Zip Country		Zip Country		.ry	CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status			
7. Names a	and Street Addresses of Each Officer and/o	or Director (Florida non	<u> </u>		. 			
Title(s)	Name of Officers and/or Directors 2	Officer and/o		treet Address of Each Officer and/or Director Use Post Office Box N	r	City / 5	City / State / Zip	
P	michael Muhlk	raier 9t		onterey pt		57-Refers	burg, Fl 3324	
					31	31300234! -11/12/97 -****173,79	5253-2 -01107002 5 ****173.75	
POWE	8. Name and Address of Current R	Registered Agent		Name	9. Name and A	ddress of New Registered	d Agent	
•	ND AVE. SOUTH			Street Address (P	ss (P.O. Box Number is Not Acceptable)			
SUITE 400N ST. PETERSBURG FL 33701				Sulte, Apt. #, Etc.	Sulte, Apt. #, Etc.			
				City	State Zip Code FL			
10. I, being Signature of Registered A	Agent	ve named corporation, a	· .	ith and accept the ob	bligations of Section	Date _ , 0 (30)		

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11. This corporation owes or has paid the current year

Intangible Personal Property tax due June 30.

Yes 📙

No 🔼

813.823-0217

(See other side for information on Intangible tax.)



TO Florida Opparament OF STATE

THIS IS TO CONFIRM THE REINSTATEMENT

FRE has been waived due to THE PHONE

(OUVERSATION MR VAMES C. ROWE had with

YOUR SPAFF THIS PAST MOURTY DOTOSER 27, 1997.

AS MY CORPORATE ATTORNEY Mr Rowe Informed

ME TO WITE A CHECK FOR 165,00 AND

TO COMPLETE THE REINSTATEMENT FORM. I AM

ALSO I-CLUMP THE ADDITIONAL CHARGE OF 8.75

FOR THE CENTIFICATE OF STATUS. MAR ROWE'S

INVOLVEMENT WAS DUE TO MICHAEL MUNICIPAL

MOTOSPOTS INC NOT RECEIVING NOTIFICATION

OF REQUEST TO FILE EARLIER THIS YEAR.

THANK YOU FOR YOUR ASSISTANCE

MICHAEL E. MUHCBAIGR President MICHAEL MANGENE MOTOISports INC