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DOCUMENT # PALACOCO 732442 1 Composition Name MOTORSPORTS DIECAST COMPANY, INC. Principal Place of Business 4606 SHIRLEY AVENUE JACKSONVILLE, FL 32210 REINSTATEMENT 99 15 15 15 15 15 15 15 15 15 15 15 15 15	FOR	10.NA	FLORIDA	DEPARTA Katherine Soer etary c	MENT O Harris of State	FSTATE	1	HING THIS F	ОНМ.		
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If above addresses are incorrect in any way, the through incorrect information and order corrections below.	Principal Place of Busin	ess	Mailing Addres	58							
2. New Principal Office Address, If Applicable 3. New Maring Office Address, If Applicable 5. Dick Business on Flaguid. September 4, 1996 Applicable 5. Dick Business on Flaguid. September 4, 1996 Applicable 5. Dick Business on Flaguid. September 4, 1996 Applicable 5. Dick Business on Flaguid. September 4, 1996 Applicable 5. Dick Business on Flaguid. September 4, 1996 Applicable 5. Dick Business of Flaguid. Fit Number 59–3398729 Soft Address of Each Office and for Decelors Soft Address of Each Officer and for Decelors Soft Address of Each Officer and for Decelors Offic	JACKSONV	ILLE, FL 32	•				REIN	STATEN	IENT 4	7000	
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Signature of Sure Sure Sure Sure Sure Sure Sure Sure	City & State		City & State							Applied For Not Applicab	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprote corporations must list at least 3 directors) Name of Officers Name of Officers Name of Officers Officer and/or Directors Officer and/or Order and/or Order and/or Order and/order and/ord	Zip	Country	Zip	Cou	untry			LE OF STATUS DESIREC	\$8.75 Addit	tional Fee requi	
Talle(s) 2 and/or Drectors 3 (Do NOT Use Process) 4 City / State / Zip	7. Names and Street Ac	I Idresses of Each Officer a	l nd/or Director (Florid	da nonprofit com	porations m	ust list at lea	st 3 directors)		ioi a ceri	inicate of Status	
Bruce Stan Gill 4606 Shirley Avenue Jacksonville, FL 3221 Green Cove Sp, FL 3204 FEGISTERED AGENI MUST SIGN 10 Leing application, a great agent of the above named corporation, am lamiliar with and accept the chiligations of Section 607.0505 F. S. Signature of Registered Agent Property Tax due June 30. 12 Lently that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607.0505 F. S. Itarities configuration that seen eliminated, the corporate name satisfacts be requirements of section 607.0505 F. S. Itarities configuration that when Ling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfacts be requirements of section 607.0505 F. S. Itarities configuration that when Ling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfacts be requirements of section 607.0505 F. S. The information that this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfacts be requirements of section 607.0505 F. S. The information indicated to the same so in dividuals hated on this form do not his form do not h				3 (Da NO)	Officer and	Vor Director			City / State / Zip		
Sec David Berard 5255 Cty Rd 209 S Green Cove Sp,FL 3204 *****300.00 ******300.00 *****300.00 ******300.00 Street Address of New Registered Agent Name Vance Berry, Esq. 3300 Barnett Center 50 No. Laura St. Jacksonville,FL 32202 City City Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Numbe	Pres Bruce	e Stan Gill					,	†	ville, F	L 3221(
8. Name and Address of Current Registered Agent Vance Berry, Esq. 3300 Barnett Center 50 No. Laura St. Jacksonville, FL 32202 Gly Gly FL State Zip Code FL Signature of Registered Agent Regist	Sec David	d Berard		5255 Ct	y Rđ	209 S				L 32043	
Vance Berry, Esq. 3300 Barnett Center 50 No. Laura St. Jacksonville, FL 32202 Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) State Zip Code FL State Zip Code FL Signature of Registered Agent Registered Age								-02/09/	/9901012	?020 **900.00	
Vance Berry, Esq. 3300 Barnett Center 50 No. Laura St. Jacksonville, FL 32202 Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) State Zip Code FL State Zip Code FL Signature of Registered Agent Registered Age											
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.	8. Nam	ne and Address of Currer	nt Registered Agent		Name	<u>;</u>	9. Name and A	Address of New Reg	istered Agent		
Suite, Apt #, Etc Jacksonville, FL 32202 City State Zip Code FL State FL Signature of Registered Agent Property Tax due June 30. 11. This corporation owes the current year Intangible Personal Property Tax due June 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 thing 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 hated on this form do not qualify for an exemption under section 119,07(3)(1). F. S. The information indicated the corporation have been paid and the names of individuals hated on this form do not qualify for an exemption under section 119,07(3)(1). F. S. The information indicated the corporation have been paid and the names of individuals hated on this form do not qualify for an exemption under section 119,07(3)(1). F. S. The information indicated the corporation have been paid and the names of individuals hated on this form do not qualify for an exemption under section 119,07(3)(1). F. S. The information indicated the corporation has been paid and the names of individuals hated on this form do not qualify for an exemption under section 119,07(3)(1). F. S. The information indicated the corporation has been paid and the names of individuals hated on this form do not qualify for an exemption under section 119,07(3)(1).					Street	: Address (P.	O. Box Number	is Not Acceptable)			
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FL Signature of Registered Agent This corporation owes the current year Intangible Personal Property Tax due June 30. 12. L'oertify 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 hated on this form do not qualify for an exemption under section 119,07(3)(1), F.S. The information indicated.	Jacksonville, Fb 32202					City State Zip Code					
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Intangible Personal Property Tax due June 30. Yes No No not 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 filing this reinstalement 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 indicates the requirements of section 119,07(3)(ii), F.S. The information indicates the requirements of section 119,07(3)(ii), F.S. The information indicates the requirements of section 119,07(3)(iii), F.S. The information indicates the requirement of the receiver of 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 reinstalement 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)(ii), F.S. The information indicates the receiver of the re	Signature of Registered Agent	/m S	REGISTERED AGEN	N MUST SIGN				Dale / - 6	25-99		
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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Bruce S. G. 11			RINTED NAME OF SIG	NING OFFICER O	Д В DIRECTOR	Presid	dent	1/21/49 DAILE	904-3 Daylime Pho	88-557 ₆	

SIGNATURE: