

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000081257

1. Corporation Name

Z-CAR MOTORSPORTS, INC.

Principal Place of Business

1761 SW 7TH AVE
POMPANO FL 33060
US

Mailing Address

6134 HOGAN CREEK ROAD
MARGATE FL 33063

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

1770 SW 13th Ct
Suite, Apt. #, etc.

City & State

Pompano Beach

Zip 33069

Country US

3. New Mailing Office Address, If Applicable

1770 SW 13th Ct
Suite, Apt. #, etc.

City & State

Pompano Beach, FL

Zip 33069

Country U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

10/01/1996

5. FEI Number

65-0703376

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 (Do NOT Use Post Office Box Numbers) Street Address of Each Officer and/or Director	4 City / State / Zip
D	BIAS, DAVE	6134 HOGAN CREEK ROAD	MARGATE FL 33063

REINSTATEMENT

98 TB 12/10/98

500002711885--5
-12/14/98--01106--026
****250.00 ****250.00
500002711885--5
-12/14/98--01106--027
****500.00 ****500.00

8. Name and Address of Current Registered Agent

BIAS, DAVE
6134 HOGAN CREEK ROAD
MARGATE FL 33063

9. Name and Address of New Registered Agent

Name Dave Bias
Street Address (P.O. Box Number is Not Acceptable)
1770 SW 13th Ct.
Suite, Apt. #, etc.

City Pompano Beach

State FL

Zip Code 33069

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

[Signature]

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 12/4/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(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 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)(f), 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]* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/4/98 954-782-0883
Date Daytime Phone #

CR2E040 (9/98)