

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

102

FILED

01 NOV 14 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P97000006355

1. Corporation Name

Performance Motorsports & Tampa Inc

Principal Office Address

7601 N. Nebraska Ave
Suite, Apt. #, etc.

3. Mailing Office Address

7601 N. Nebraska Ave
Suite, Apt. #, etc.

200004694132--2

-11/27/01--01003--007

****150.00 ****150.00

City & State

Tampa FL

City & State

Tampa FL

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3432369

Applied For

Not Applicable

Zip

33604 Hillsborough

Zip

33604 Hillsborough

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75. Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Shawn Bitman

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

2125 Glen Dr

Suite, Apt. #, Etc.

City

Safety Harbor

State

FL

Zip Code

34695

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-11/27/01--01003--008

****150.00 ****150.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0503, F.S.

Signature of
Registered Agent

Date

11/12/01

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Shawn Bitman	2125 Glen Dr	Safety Harbor FL 34695

10. 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

Date

Daytime Phone #

Shawn Bitman 11-12-01

813-238-6180

CR2001 (8/00)

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PERFORMANCE MOTORSPORTS

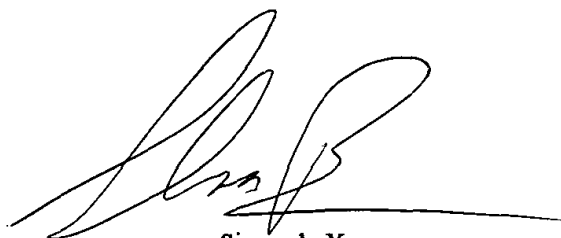
7601 N. NEBRASKA AVE. TAMPA, FL. 33604

Division of Corporations State of Florida,

Our renewal papers were sent to the wrong address and therefore we did not send in our fees for the Corporation in on time. We feel that we are not responsible for the mailing error and should not be required to pay the \$600.00 reinstatement Fee as outlined on your form.

The paper work was sent to 2930 W. Hillsborough Ave Tampa, Fl. 33615

Copies attached.

A handwritten signature in black ink, appearing to read 'Shawn Bitman', with a long horizontal line extending to the right.

Sincerely Yours
Shawn Bitman



ACCOUNT NO. : 072100000032

REFERENCE : 404874 7292156

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE : November 13, 2001

ORDER TIME : 4:28 PM

ORDER NO. : 404874-005

CUSTOMER NO: 7292156

CUSTOMER: Mr. Shawn Bitman
Performance Motorsports Of
7601 North Nebraska Avenue

Tampa, FL 33604

DOMESTIC FILINGS

NAME: PERFORMANCE MOTORSPORTS OF
TAMPA, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder
EXAMINER'S INITIALS _____

RECEIVED
01 NOV 13 PM 4:46
DIVISION OF CORPORATION