PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1062

CORPORATION REINSTATEMENT

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

FILED
01 NOV 14 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000006355

1. Corporation Name Performance Motorsports of Tampa Inc

200004694132--2
-11/27/01--01003--007
****150.00 ****150.00

2. Principal Office Address	3. Mailing Office Address
7601 N. Nebraska Ave	7601 N. Nebraska Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa Fl	City & State: Tampa Fl
Zip: 33604 Country: Hillsborough	Zip: 33604 Country: Hillsborough

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 59-3432369 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $6.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Shawn Bitman

200004694132--2
-11/27/01--01003--008
****150.00 ****50.00

Street Address (P.O. Box Number is Not Acceptable): 2125 Glen Dr

Suite, Apt. #, Etc.:

City: Safety Harbor | State: FL | Zip Code: 34695

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____ REGISTERED AGENT MUST SIGN Date 11/12/01

CR2E061 (9/00)

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
			Mel

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: Shawn Bitman 11-12-01 813-238-6180
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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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.

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.

RECEIVED
01 NOV 13 PM 4:46
DIVISION OF CORPORATION

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 _____