

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

98 DEC 15 AM 9:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000060008

1. Corporation Name

DLS MOTORSPORTS, INC.

Principal Place of Business

Mailing Address

30430 S DIXIE HWY  
HOMESTEAD FL 33030

30430 S DIXIE HWY  
HOMESTEAD FL 33030



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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 07/09/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0769074	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
PD	SUAREZ, JOSEPH	30430 S DIXIE HWY	HOMESTEAD FL 33030
VD	LAMBE, PATRICK	30430 S DIXIE HWY	HOMESTEAD FL 33030
TD	DAVIS, GLENN	30430 S DIXIE HWY	HOMESTEAD FL 33030
<b>REINSTATEMENT</b> <i>as of 12/18/98</i>			

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
DAVIS, GLENN 400002722544--6 -12/24/98-01036-003 30430 S DIXIE HWY HOMESTEAD FL 33030 ****750.00 ****750.00	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State <b>FL</b> Zip Code

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]* **NATURE REQUIRED** Date *12-8-98*

REGISTERED AGENT MUST SIGN

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)(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]* **NATURE REQUIRED** Date *12-8-98* Daytime Phone # *(305) 254-1717*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRZEM40 (\$98)