PLEASE READ	ALL INSTI	RUCTIONS	BEFORE C	OMPLET	ING THÍS FORM.		
APPLICATION FLORIDA DEPARTME				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
FOR	FOR Sandra B. Mor						
REINSTATEMENT	•	ISION OF CORPOR			98 DEC 14 PM 12:	39	
DOCUMENT # P9700060537 1. Corporation Name] 	SECRETARY OF STATE FALLAHASSEE, FLORIDA		
					•	· · · · · · · · · · · · · · · · · · ·	
B N P MOTORSPORTS, INC.							
Principal Place of Business	Place of Business Mailing Address			1			
1155 LOUISIANA AVE	IISIANA AVE 1 155 LOUISIANA A VE						
SUITE 210 WINTER PARK FL 32789	- FL 92789						
				FINS	TATEMENT	' প্র	
If above addresses are incorrect in any way, line the New Principal Office Address, If Applicable	correction below.		orated or Qualified				
Suite, Apt. #, etc.	114 01				ace in Florida	10/1997	
				5. FEI Number	<u>.</u>	Applied For	
ty & State City & State				59-34	17 99 5 7	Not Applicable	
p Country Zip 32-77		Country			OF STATUS DESIRED 🔀 58.7	Additional Fee required ra Certificate of Status	
7. Names and Street Addresses of Each Officer and	or Director (Florid	 					
Title(s) Name of Officers and/or Directors 2		Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)		umbers)	City / State / Zip		
DP BEATTIE, TOM		114 OAK LEAF LN			LONGWOOD FL 32779		
DV PECORA, RON	-	1791 SUMMERLAND AVE			WINTER PARK FL 32789		
			3000027168336 -12/18/9801111019				
				<i>A</i> 1	****758.75	*****758.75	
				Min	'		
2 Non-old Address of Coursel	<u> </u>			O Name and	address of New Designature 4		
8. Name and Address of Current Registered Agent Name				9. Name and A	Address of New Registered A		
BEATTIE, TOM Street A				s (P.O. Box Number is Not Acceptable)			
114 OAK LEAF LN	Suite, Apt. #, Etc.						
2011011000 1 2 02110							
-			City		State FL	Zip Code	
10. I, being appointed the registered agent of the abo	ve named corpora	ition, am familiar wit	h and accept the ob	oligations of Section	on 607,0505, F.S.		
Signature of Registered Agent RE	GISTERED AGE	NT MUST SIGN	IIKED		Date Her S	1998	
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 filling 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: MIGNETON BEGING OFFICER OF DIRECTOR SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR De 8 1198 (407) 898-5550							