PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT-OF STATE **APPLICATION** Sandra B. Mortham , FOR Secretary of State \*REINSTATEMENT DIVISION OF CORPORATIONS P97000069165 99 MPR -9 MIII: 32 DOCUMENT # 1. Corporation Name ST LUCIE SPEEDWAY AND MOTOR SPORTS PARK, INC. Principal Place of Business Mailing Address 3428 E ATLANTIC BLVD 3428 E ATLANTIC BLVD POMPANO BEACH FL 33062 POMPANO BEACH FL 33062 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 Date Incorporated or Qualified To Do Business in Florida 08/08/1997 Suite, Apt. #, etc. Suite, Apt #, etc City & State City & State Žip Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers) Name of Officers and/or Directors City / State / Zip Title(s) Ρ DI MARIA, FRANK 3428 E ATLANTIC BLVD POMPANO BEACH FL 33062 200002842263° -04/16/93--01076--010 \*\*\*\*900.00 \*\*\*\*900.00 8. Name and Address of Current Registered Agent 9 Name and Address of New Registered Agent DI MARIA, FRANK Street Address (P.O. Box Number is Not Acceptable) 3428 E ATLANTIC BLVD POMPANO BEACH FL 33062 Suite, Apt #, F to State | Zip Code City 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 Agen 11. This corporation owes or has paid the current year (See other side for information on intangible tax ) Intangible Personal Property tax due June 30.

12. Learlify that Fam 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**