

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 APR 27 PM 3:50

DOCUMENT #

1. Corporation Name

P9900004118
Pasco Power Sports,
Inc

REINSTATEMENT 00-01

2. Principal Office Address

8822 US Hwy 19

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

PORT RICHEY

City & State

FL

Zip

34668

Country

US

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1998

5. FEI Number

59-3586345

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MARTIN SHAPIK

300004194909

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

491 HAMMOCK DR

Suite, Apt. #, Etc.

City

Dunedin

State

FL

Zip Code

34698

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

Martin Shapik

REGISTERED AGENT MUST SIGN

Date

4-24-2001

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

PRESIDENT	NORL HUGHES	2132 Cedar Dr. Dunedin FL	34698
PRESIDENT	MARTIN SHAPIK	491 HAMMOCK DR. DUNEDIN	34698
V.P.	MAURICE A. THORNE JR.	5300 Bowline Bend New Port Richey	34652

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 application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Maurice A. Thorne Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAURICE A. THORNE JR 4-24-2001

Date

Daytime Phone #

(727) 842-6624