PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION LEOP REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

retary of State VOF CORPORATIONS

DOCUMENT #

P99000044118

1. Corporation Name

PASCO POWER SPORTS INC.

Principal Place of Business

Mailing Address

8822 U.S HIGHWAY 19

8822 U.S HIGHWAY 19

FILED

02 NOV -4 PM 5: 16

SECRETARY OF STATE FALLAHASSEE, FLORIDA



PORT RICHEY FL 34668			PORT RICHEY FL 34668								
If above a	addresses are	incorrect in any way, line	through incorrect i	nformation a	ınd enter o	correction below.					
		Address, If Applicable	3. New Mail								
Suite, Apt.	#, etc.	Suite, Apt. #	Suite, Apt. #, etc.			5. FEI Number Applied For			For		
City & Stat	е		City & State	City & State				59-3586345	Not Appli		
Zip Country			Zip	Zip Countr		y CERTIFICATE		S8.75 Additional Fee required for a Certificate of Status			
7. Names	and Street Ad	dresses of Each Officer	and/or Director (Flo	orida nonprof	fit corpora	tions must list at lea	ast 3 directors)				
Title(s)				Street Address o Officer and/or D							
Р	HUGHES, NOEL			2132 CEDAR DR				DUNEDIN FL 34698			
٧	SKAPIK, MARTIN			491 HAMMOCK DR				DUNEDIN FL 34698			
٧	THORNE, MAURICE A JR			5500 BOWLING BEND				NEW PORT RICHEY FL 34652			
				:			800008784498 11/04/0201064013 **150.00				
						3					
8. Name and Address of Current Registered Agent								e and Address of New Registered Agent			
OLEANIA ALEXPINA						Name					
SKAPIK, MARTIN 491 HAMMOCK DR DUNEDIN FL 34698				Street Address (F Suite, Apt. #, Etc.			P.O. Box Number is Not Acceptable)				
										<u>a</u>	
						City		Sta F	te Zip Code		
10. I, bein	g appointed th	e registered agent of the	above named corp	oration, am	familiar wi	th and accept the o	bligations of Secti	on 607.0505, F.S. or 617.05	05, F.S.		
Signature of Registered	of Agent	Mirasy	RIGISTERED AG			URED		Date	0-02		
11. I certify this rei	y that I am an nstatement ap	officer or director or the r	eceiver or trustee e dissolution has bee	mpowered to n eliminated,	execute the corpo	this application as porate name satisfies	provided for in cha the requirements	pter 607 or 617, F.S. I furth of section 607.0401 or 617.	er certify that when fil 0401, F.S., that all fe	ing es	

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

YPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

30 OCTOBIR 2002

PASCO POWER SPORTS INC. DID NOT RECIEVE the PRIOR UBR NOTICES. WE WOULD Have Done IT I mmediately If We Had. THANK YOU VERY MUCH.

> Nartin Skapel 30 OCTOBER 2002 727-842-6624 DXTENSION 204