

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P99000045793

1. Corporation Name

M.C.A. MOTORSPORTS INC.

Principal Place of Business

Mailing Address

10005 S.W. 138TH PL.
MIAMI FL 33186

10005 S.W. 138TH PL.
MIAMI FL 33186

139

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

2. New Principal Office Address, If Applicable

10005 SW 139 PL
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

10005 SW 139 PL
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

05/17/1999

5. FEI Number

65-D941446

Applied For

Not Applicable

City & State

Miami, FL

City & State

Miami, FL

Zip

33186

Country

USA

Zip

33186

Country

USA

CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
President	Michael Alcalde	10005 SW 139 PL	Miami, FL 33186
Treas	Karen Alcalde	10005 SW 139 PL	Miami, FL 33186
			100003441871-4
			10/27/00 01025-015
			***150.00 ***150.00
			10/24

8. Name and Address of Current Registered Agent

ALCALDE, MICHAEL CRAIG
10005 S.W. 138TH PL.
MIAMI FL 33186

9. Name and Address of New Registered Agent

Name

Michael C. Alcalde

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

10005 SW 139th PL.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33186

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] SIGNATURE REQUIRED

Date

10/16/00

REGISTERED AGENT MUST SIGN

11. 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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/16/00

Daytime Phone #

October 16, 2000

Florida Department of State
Division of Corporations
Annual Report/ Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

RE: DOCUMENT # P99000045793

Dear Sir or Madam:

On October 13, 2000 I received a notice dissolution or revocation. I was perplexed because I had not received any mail from Florida Department of State Division of Corporations prior to this. I called on October 16, 2000 to inquire about the situation. At that point it was discovered that the address had been initially entered incorrectly by one of your departments. I was instructed to write this letter explaining the situation and to send a check in the amount of \$ 150.00 for correction and reinstatement on this problem.

If you have any questions regarding this matter please do not hesitate to contact me at (305) 519-5097.
Thank you for your assistance with this matter.

Sincerely,



Michael Craig Alcalde
President