

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

102

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06 DEC -5 PM 3:53

SEC. OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT  
REINSTATEMENT  
2006

<b>DOCUMENT # F9600006528</b> 1. Entity Name <b>ACTION PERFORMANCE COMPANIES, INC.</b>					
Principal Place of Business <b>1480 S. HOHOKAM DR. TEMPE, AZ 85281 US</b>			Mailing Address <b>1480 S. HOHOKAM DR. TEMPE, AZ 85281 US</b>		
2. Principal Place of Business <b>6301 Performance Dr</b> Suite, Apt. #, etc.		3. Mailing Address <b>6301 Performance Dr.</b> Suite, Apt. #, etc.			
City & State <b>Concord, NC</b>		City & State <b>Concord, NC</b>		4. FEI Number <b>86-0704792</b>	
Zip <b>28027</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>			7. Name and Address of New Registered Agent Name <b>CORPORATION SERVICE COMPANY</b> Street Address (P.O. Box Number is Not Acceptable) <b>1201 HAYS STREET</b> City <b>TALLAHASSEE FL</b> Zip Code <b>32301</b>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent SIGNATURE: <u><i>Carina L. Dunlap</i></u> <b>Carina L. Dunlap</b> <b>Asst. Vice President</b> <b>12/5/06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$750.00</b> <b>After January 1, 2007, Fee will be \$900.00</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCP WAGENHALS, FRED W 1480 S. HOHOKAM DR. TEMPE, AZ 85281	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Ruth Crowley 6301 Performance Drive Concord, NC 28027	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO WAGENHALS, FRED W 1480 S. HOHOKAM DR. TEMPE, AZ 85281	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chief Financial Officer Donnie Bobbitt same as above	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV VOLOSIN, MELODEE 1480 S. HOHOKAM DR. TEMPE, AZ 85281	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	General Counsel & Secretary J. Thomas Warlick, IV	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS RIDDIFFORD, DAVID 1480 S. HOHOKAM DR. TEMPE, AZ 85281	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>600082294986</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATTHEWS, ROBERT 1480 S. HOHOKAM DR. TEMPE, AZ 85281	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAUM, ED 1480 S. HOHOKAM DR. TEMPE, AZ 85281	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>J. Thomas Warlick</i></u> <b>J. Thomas Warlick</b> <b>Secretary + General Counsel</b>		Date <b>November 9, 2006</b>		Daytime Phone # <b>704/454-4098</b>	



CORPORATION SERVICE COMPANY

2082

ACCOUNT NO. : 072100000032
REFERENCE : 640963 7130633
AUTHORIZATION : [Signature]
COST LIMIT : \$ 750.00

ORDER DATE : December 5, 2006
ORDER TIME : 11:13 AM
ORDER NO. : 640963-005
CUSTOMER NO: 7130633

DOMESTIC FILINGS

NAME: ACTION PERFORMANCE COMPANIES, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap - Ext# 2951

EXAMINER'S INITIALS

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2008 DEC -5 PM 12:47
TO ACKNOWLEDGE
SUFFICIENCY OF FILING