LINSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

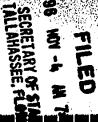
MOTORCYCLE DOCTOR, INC.

Principal Place of Business

Mailing Address

SHORERT D'ANGELO

SECONDET D'ANGELO



LAUCERHIL	SIST COURT ILL FL 33351	SSID N/ 518 LAUDEHILL	, FL 33361	and a ver of	REIN	STATI	EMENT_	1996	100 B 11-6-96	
If above addresses are incorrect in any way, line through incorrect in 2. New Principal Office Address, If Applicable 3. New Mailin				ng Office Address, If Applicable			Date incorporated or Qualified To Do Business in Florida (5/10/1990)			
Suite, Apt. 4	#, etc.	Suite, Apl. #,	uite, Apl. #, etc.			5. FEI Number Applied For				
City & State			City & State	City & State			6.	65-0184679	4 3	Not Applicable
Zip		Country	Zip		Country	-		OF STATUS DESIRED [
7. Names ɛ	and Street Ad	dresses of Each Officer an	nd/or Director (Flor	rida nonprof	fit corporation	ons must list at lef	ast 3 directors)		,	
Name of Officers and/or Directors 1 2				Street Address of Each Officer and/or Director Office Box Numbers)			n r	4	City / State / Zip	7 M.D
PD	PD D'ANGELO, ROBERT			8500 NW 51ST COURT				LALOERHILL FL		
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				6000019969460 -ii/07/%601042024						
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	8. Nam	ne and Address of Currer	<u>nt</u>							
D'AN	GELO, ROB	ERT			Name					
127 N	NE 32ND S	झ		Street Address (P.O. Box Numbe			is Not Acceptable)		1000	
OAKLAND PK. FL 33334					Suite, Apt. W, Etc.				1997 G. 1994 1997 - 1994 1997 - 1994	1.10
	·					City			State Zp C	2ode
10. I, being Signature o Registered	ot /	CLTO, U	REGISTERED AG	FE	Robi	and accept the of	ANGELC	on 607.0505, F.S.	7/26	
11. Do De	es this ept. of R	corporation pay levenue under S	any intang 3. 199.032,	jible ta: Florida	x to the	e ites. Yes	□ No □] (See d	other side for in on intangible ta	formation ax.)
12. I certify	that I am an	officer or director or the rec	colver or trustee er	mpowered to	o execute th	nis application as f	provided for in cha	apter 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 owned 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: