

## 2005 FOR PROFIT CORPORATION REINSTATEMENT

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

<b>DOCUMENT # P02000112372</b> 1. Entity Name <b>THE BIKERS DEN INC.</b>			
Principal Place of Business <b>5100 95TH STREET NORTH SUITE 14 ST. PETERSBURG, FL 33711</b>		Mailing Address <b>5100 95TH STREET NORTH SUITE 14 ST. PETERSBURG, FL 33711</b>	
2. Principal Place of Business <i>5100 95th Street North</i> Suite, Apt. #, etc. <i>Suite 14</i> City & State <i>St. Petersburg, FL</i> Zip <i>33708</i>		3. Mailing Address <i>5100 95th Street North</i> Suite, Apt. #, etc. <i>Suite 14</i> City & State <i>St. Petersburg, FL</i> Zip <i>33708</i>	
4. FEI Number <b>05-0537106</b>		Applied For: <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>DICEGLIE, JAMES 5100 95TH STREET NORTH SUITE 14 ST. PETERSBURG, FL 33711</b>		7. Name and Address of New Registered Agent  Name <i>James Diceglie</i> Street Address (P.O. Box Number is Not Acceptable) <i>5100 95th Street North</i> <i>Suite 14</i> City <i>St. Petersburg</i>	
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: <i>James Diceglie</i> <i>James Diceglie</i> <u>11-17-05</u> <small>Signature, typed or printed name of registered agent and title if applicable.      (Print) Registered Agent Signature (typed when reinstating)      DATE</small>	
<b>FILE NOW!!! FEE IS \$750.00</b> After January 1, 2006, Fee will be \$900.00			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		P <b>James Diceglie</b> <b>5100 95th street north</b> <b>st. Petersburg, FL 33708</b>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>James Diceglie</i> <b>James Diceglie</b>		Date: <u>11-17-05</u> Daytime Phone #: <u>(727) 395-0080</u>	