

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
99-44
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT -1 AM 11:38

DOCUMENT # 848294

1. Corporation Name

RIDE CORPORATION

Principal Place of Business

15400 NW HWY. 27
OCALA FL 32675

Mailing Address

15400 NW HWY. 27
OCALA FL 32675

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

02/17/1981

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

50-2111432

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	DEGWITZ, LUISA G	AVE CUATRICENTENARIA APT. 70	RESIDENCIAL ARAGUANAY, VEN
DST	DEGWITZ DE JIMENEZ, ERIKA	URB. GUAPARO CALLE 157 #105-85	VALENCIA, VENEZUELA
D	CURACAO CORP COMPANY NV	HANDELSKADE 8	CURACAO, NETH ANTILE
D	DEGWITZ, LUISELENA	15400 NW HWY 27	OCALA FL

8. Name and Address of Current Registered Agent

EHNTHOLT, MERCEDES
15400 NW HWY. 27
OCALA FL 32675

9. Name and Address of New Registered Agent

Name JUAN A. ESCOBAR
Street Address (P.O. Box Number is Not Acceptable)
15388 N.W. 112 pl. Rd.
Suite, Apt. #, Etc.
City MORRISTON State FL Zip Code 32668

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]
REGISTERED AGENT MUST SIGN

Date Oct. 14 - 1999

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:

Cherai Gae Dewit
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oct. 14 - 1999

Date

Daytime Phone #