

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

11 MAR -3 PM 3:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 389111**

1. Corporation Name

The Cycle Shop, Inc.

2. Principal Office Address - No P.O. Box #

3928 ECHO POINT LANE

Suite, Apt. #, etc.

3. Mailing Office Address

3928 ECHO POINT LANE

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL

City & State

TALLAHASSEE, FL

Zip

32310

Country

USA

Zip

32310

Country

USA

300196730593  
03/04/11--01001--006 \*\*1252.50

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

09/29/1971

5. FEI Number

591372705

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

JAMES M. DURANT, JR., ESQ.

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

1407 Piedmont Drive East

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32308

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date March 3, 2011

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Brian Poggie	3928 ECHO POINT LANE	TALLAHASSEE, FL 32310

10. E-mail Address: monique@boydlaw.net

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

March 3, 2011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #