

2008 AMENDED ANNUAL REPORT

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

08 DEC 31 PM 3: 50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J13549

1. Corporation Name

St. Augustine Cycle Center, Inc.

600140361766
12/22/08--01053--010 **50.00

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

2590 US 1 South

Suite, Apt. #, etc.

3. Mailing Office Address

2590 US 1 South

Suite, Apt. #, etc.

600140361766
12/22/08--01053--010 **50.00

CR2E081 (10/08)
1/12/09 01051 011 1.25

City & State

St. Augustine, Fla

City & State

St. Augustine, Fla

Zip
32086

Country
USA

Zip
32086

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

May 9 1988

5. FEI Number

59-2711796

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

Joseph C. Cepin

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

700 Andrew Ave.

Suite, Apt. #, Etc.

City

St. Augustine

State

FL

Zip Code

32086

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

600140361766
12/22/08--01053--010 **50.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 12-31-08

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
P-S	Joseph Cepin	2590 US #1 South	St. Augustine Fla 32086
VP-T	Sally Cepin	2590 US #1 South	St. Augustine, FL 32086

10. 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 contained in Chapter 119, 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-31-08

Date

Daytime Phone #

2012/31