2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Nov 10, 2008
Secretary of State

DOCUMENT# L04000024952

Entity Name: ADVENTURE SCOOTER RENTAL'S LTD CO

Current Principal Place of Business:

1215 SW 9TH AVE
BOCA RATON, FL 33486

New Principal Place of Business:

5500 NW 2ND AVE
417
BOCA RATON, FL 33487

Current Mailing Address:

1215 SW 9TH AVE
BOCA RATON, FL 33486

New Mailing Address:

5500 NW 2ND AVE
417
BOCA RATON, FL 33487

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

TRUGLIA, PAT
1215 SW 9TH AVE
BOCA RATON, FL 33486 US

Name and Address of New Registered Agent:

TRUGLIA, PAT
5500 NW 2ND AVE
471
BOCA RATON, FL 33487 US

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.

SIGNATURE: PAT TRUGLIA 11/10/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: TRUGLIA, ANTHONY
Address: 5500 NW 2ND AVE APT 417
City-St-Zip: BOCA RATON, FL 33487

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR ( ) Change (X) Addition
Name: TRUGLIA, PAT
Address: 5500 NW 2ND AVE
City-St-Zip: BOCA RATON, FL 33487

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: PAT TRUGLIA MGR 11/10/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date