| PLEASE READ ALL INSTRUCTIONS BEFORE | COMPLETING THIS FORM. |
|--|---|
| COMPANY REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State Division of Corporations | 14 OCT -3 AM 9: 20 |
| DOCUMENT # L08600041515 1. Limited Liability Company's Name Bike Doctor L.L.C. | ALLAHASSEE. FLORIDA |
| | CD9E044 (4144) |
| 2. Principal Office Address - No P.O. Box# 3. Mailing Office Address | - CR2E041 (1/14) |
| 55.33 NW 90th Tec 55.33 NW 90th Tec Suite, Apt. #, etc. | 4. State/Country of Formation |
| | 5. Date Organized or Qualified To Do Bustness in Florida O4/25/2008 |
| City & State City & State | 6. FEI Number Applied For |
| Dunise FL Dunise FL Zip Country | 7. \$5.00 Additional Fee required |
| 33351 USA 33351 USA | CERTIFICATE OF STATUS DESIRED for a Certificate of Status |
| 8. Name and Address of Current Registered Agent Name 1 | 1 |
| Hlexander Villabon | <u> </u> |
| Street Address (P.O. Box Number is Not Acceptable) 5533 NW 90+h Tec | |
| Suite, Apf. #, Etc. | 100265031921 10/03/1401028016 **937,50 |
| Sunrise State 3335 | |
| 9. I, being appointed the registered agent of the above named limited liability company, am familiar with an Signature of Registered Agent REGISTERED AGENT MUST SIGN | nd accept the obligations of Chapter 605; F.S. Date 9/30/14 |
| 10. Names and Street Addresses of Authorized Representatives/Managers | |
| Titles Name of Street Address of Ea Authorized Representatives/ , Authorized Representatives/ Manager Manager | |
| MGRNAJexander V: labor 5533:NU | 190th Ter Survice F1 3375 |
| THE PROPERTY OF THE PROPERTY O | |
| | S. HAWKES |
| TATEMENT | ULI UG A.M. |
| D 0000 D 110 | EXAMINER |
| 0009-0014 | L/V MYHINER |
| 11, E-mail Address: Bike Doctor LLCQ amail, Com (To bodised for future enrusal report notifications) | |
| 12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 605,0012. F.S., and | |
| that all fees owed by the limited liability company have been paid. 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S. | |
| Signature of Authorized Representative/Manager | |