

\$377.50

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L08000108392

1. Limited Liability Company's Name

Mobile Cycle Services LLC

700207405967
05/09/11--01059--002 **238.75

CR2E041 (1/11)

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

163 Boca Lagoon Dr

Suite, Apt. #, etc.

3. Mailing Office Address

163 Boca Lagoon Dr

Suite, Apt. #, etc.

City & State

Panama City Beach

City & State

Panama City Beach

Zip

32408

Country

usa

Zip

32408

Country

usa

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified

To Do Business in Florida 11/21/08

6. FEI Number

943454916

☒ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Blake Morris

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

163 Boca Lagoon Dr

Suite, Apt. #, Etc.

City

Panama City Beach

State

FL

Zip Code

32408

E-mail Address:

700207405967
05/19/11--01003--016 **138.75

mcs247365@gmail.com

(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of

Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

5-3-11

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
mgrm	Blake Morris	163 Boca Lagoon dr.	panama city beach / fl / 32408

REINSTATEMENT

2010-2011
[Signature]

11. I certify that I am managing member/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 608.406, 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 in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

[Signature]

Date

5-3-11

Daytime Phone #

850-814-1156

Typed or printed name of signing Managing Member/Manager