

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2019 Jan 31 AM 7:18

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L12000098766

1. Limited Liability Company's Name
MOTO UNLIMITED, LLC

800324153678
01/31/19--01017--011 **238.75
CR2E041 (1/14)

| | | | |
|--|----------------|---|-------------------|
| 2. Principal Office Address - No P.O. Box # 3819 NW 49TH STREET | | 3. Mailing Office Address 33640 Pin Oak Pkwy | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. Unit 4 | |
| City & State TAMARAC FL | | City & State Avon Lake, OH | |
| Zip 33309 | Country USA | Zip 44012 | Country USA |
| 8. Name and Address of Current Registered Agent | | | |
| Name ALAN WINTER | | | |
| Street Address (P.O. Box Number is Not Acceptable) Suite, 3819 NW 49TH STREET | | | |
| Apt. #, Etc. | | | |
| City TAMARAC | | State FL | Zip Code 33309 |

| | |
|--|--|
| 4. State/Country of Formation FLORIDA | |
| 5. Date Organized or Qualified To Do Business in Florida 07/31/2012 | |
| 6. FBI Number 46-0719165 | Applied For <input type="checkbox"/> Not Applicable |
| 7. CERTIFICATE OF STATUS DES RED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status | |

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date 01/25/2019

10. Names and Street Addresses of Authorized Representatives/Managers

| Titles | Name of Authorized Representatives/Managers | Street Address of Each Authorized Representative/Manager | City / State / Zip |
|--------|---|--|---------------------|
| MGR | ALAN WINTER | 3819 NW 49TH STREET | TAMARAC, FL 33309 |
| MGR | ROBERT R UECKER | 33640 Pin Oak Parkway UNIT 4 | Avon Lake, OH 44012 |
| | | | |
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| | | | |

REINSTATEMENT

JAN 31 2019

R. HUNT

11. E-mail Address OFFICE@MKFISHCPA.COM

(To be used for future annual 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 605, 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 requirement 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

[Signature]

Date

01/25/2019

Daytime Phone #

305 279 8484

Typed or printed name of signing authorized representative/member

ALAN

WINTER