PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2023 JUN 28 AM 8:33

DOCUMENT # L13000074908

1. Limited Liability Company's Name
Big Dick's Bikes LLC

300411379583
06/28/23--01023--025 **425.00

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
60 South John Sims Pkwy	60 South John Sims Pkwy
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Valparaiso, Florida	City & State: Valparaiso, Florida
Zip: 32580 Country: USA	Zip: 32580 Country: USA

4. State/Country of Formation: Florida, USA

5. Date Organized or Qualified To Do Business in Florida: 22 May 2013

6. FEI Number: 30-0854519 ☐ 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: Richard R. Frigon

Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.: 1595 Hickory Street

City: Niceville State: FL Zip Code: 32578

300411379583
08/07/23--01001--017 **96.25

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: Richard R Frigon — Date: 28 Mar 2023
REGISTERED AGENT MUST SIGN

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	Richard R. Frigon	1595 Hickory Street	Niceville, FL. 32578
AR SVC MGR	Peter J. Frigon	4616 Range Road	Niceville, FL 32578
AR Chief Mechanic	Richard Joseph Frigon (Joe)	663 High Lonesome Road	DeFuniak Springs, FL 32435
AR Sec Treas	Mary Lou Frigon	1595 Hickory Street	Niceville, FL 32578
AR AMBR	Teresa L. Frigon	1560 Donna Ave	Calloway, FL 32404
			A. PARISHANI AUG 07 2023

11. E-mail Address: rigidero08@gmail.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: Richard R Frigon 28 Mar 2023 Daytime Phone # 850-259-6415 850-897-1769 Shop