

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

03 DEC 23 PM 3:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N00000003470

1. Corporation Name

Good Guys Motorcycle Club Inc

2. Principal Office Address

5355 Washington Estates Dr

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Same

Zip

32209

Country

United States

Zip

Same

Country

Same

4. Date Incorporated or Qualified  
To Do Business in Florida

5-30-2000

5. FEI Number

593612327

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Gary Roberson

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

7341 Dostie Dr. E

Suite, Apt. #, Etc.

City

Jacksonville

State  
FL

Zip Code

32209

900025821889 236.25

12/30/03--01004--013

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

Gary A Roberson

REGISTERED AGENT MUST SIGN

Date 12/22/03

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P.D	William Woodard	2722 VanGundy Rd	Jacksonville, FL 32208
V	Robert Jones Jr	9728 Flechette Avenue	Jacksonville, FL 32208
T	Daisy Jones	8904 Castle Blvd	Jacksonville, FL 32208
S	Chellene Stephens	1504 Perry St #6	Jacksonville, FL 32206
M	Gary Roberson	7341 Dostie Dr E	Jacksonville, FL 32209

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Chellene M. Stephens

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/22/03

Date

(904)307-4131

Daytime Phone #

CR20081 (10/02)