2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 16, 2007
Secretary of State

DOCUMENT# N00000006568

Entity Name: SUNCHASERS MOTORCYCLE CLUB, INC.

Current Principal Place of Business:

223 S. MARTIN LUTHER KING BLVD
DAYTONA BEACH, FL 32114

New Principal Place of Business:

Current Mailing Address:

223 S. MARTIN LUTHER KING BLVD
DAYTONA BEACH, FL 32114

New Mailing Address:

FEI Number: 59-3677508 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FERGUSON, SAMUEL L
223 S. MARTIN LUTHER KING BLVD
DAYTONA BEACH, FL 32114 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: SAMUEL L. FERGUSON
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ROBINSON, ALVIN SR.
Address: 100 OAKWOOD DRIVE
City-St-Zip: DAYTONA BEACH, FL 32117

Title: VPD ( ) Delete
Name: FERGUSON, SAMUEL L
Address: 514 DAVIDSON STREET
City-St-Zip: DAYTONA BEACH, FL 32114

Title: ST ( ) Delete
Name: WILLIAMS, DERRICK
Address: 546 ARTHUR AVENUE
City-St-Zip: DAYTONA BEACH, FL 32114

Title: T ( ) Delete
Name: WOLF, THEODORE
Address: 830 LEWIS DRIVE
City-St-Zip: DAYTONA BEACH, FL 32117

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAMUEL L. FERGUOSN VPD 10/16/2007
Electronic Signature of Signing Officer or Director — Date