

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JAN -4 PM 4:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *NO1000000681*

1. Corporation Name

*SOUTHERN RIDERS MOTORCYCLE
CLUB, INC.*

2. Principal Office Address

2 VILLAGE GREEN

3. Mailing Office Address

SAME

Suite, Apt. #, etc. _____

Suite, Apt. #, etc. _____

City & State

LONGWOOD, FL.

City & State

SAME

Zip

32779

Country

SEMINOLE

Zip

SAME

Country

SAME

**4. Date Incorporated or Qualified
To Do Business in Florida**

01/JAN 29

5. FEI Number

N/A

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

ELBERT E. GILCREASE

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

5151 BARNEGAT POINT ROAD

Suite, Apt. #, Etc. _____

City

ORLANDO

State

FL

Zip Code

32808

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

Elbert E. Gilcrease

Date *12/27/04*

REGISTERED AGENT MUST SIGN

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	JOHNNELL SCOTT, SR.	2305 GREENBUSH CT.	ORLANDO, FL. 32837
V	GARY ALLEN	2305 GREENBUSH CT.	ORLANDO, FL. 32837
S	ELBERT EARL GILCREASE	5151 BARNEGAT PT. RD.	ORLANDO, FL. 32808
T	JAMES HARRIS	2 VILLAGE GREEN	LONGWOOD, FL. 32779
D	KEVIN PERRY	4074 E. VILLAGE DR.	MASON, OHIO 45040
D	ART MCCLENDON	1839 RUSHWOOD CT.	ORLANDO, FL. 32818

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY W. ALLEN

Date

12/28/04 (407) 340-7218

Daytime Phone #

CR2E081 (01/04)