


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED MAY 14 PM 3:19 SECRETARY OF STATE TALLAHASSEE, FLORIDA 200037342982 05/26/04--01049--027 **306.25
DOCUMENT # NO1000001408				
1. Corporation Name BLUE KNIGHTS MOTORCYCLE CLUB CHAPTER XXI , INC.				
2. Principal Office Address P.O. BOX 522163		3. Mailing Office Address P.O. BOX 522163		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State LONGWOOD FL.		City & State LONGWOOD, FL		
Zip 32752	Country SEMINOLE	Zip 32752	Country SEMINOLE	REINSTATEMENT 03-04 3/27/02 90045 04 6125 4. Date Incorporated or Qualified To Do Business in Florida 02/26/2001 5. FEI Number 20-1103884 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent		
Name WILLIAM DONNELLY		
Street Address (P.O. Box Number is Not Acceptable) 331 NEEDLES TRAIL		
Suite, Apt. #, Etc. —		
City LONGWOOD	State FL	Zip Code 32779

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 <i>William Donnelly</i>	Date 5-11-04
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	ADAMS, BILLY	P.O. BOX 335	DCOEE, FL. 34761
VP	DIVVER, JOSEPH	615 CHELSEA RD	LONGWOOD, FL. 32750
ST	DONNELLY, WILLIAM	331 NEEDLES TRAIL	LONGWOOD, FL. 32779
D.	JOHNS, WARREN	715 E. ANDERSON ST.	GROVELAND, FL. 34736
D	STAGG, PHIL	1760 PENNINGTON AVE.	DELTONA, FL. 32738
D	ASHWOOD, CARLOS	510 HUFFORD DR.	DEBARY, FL. 32713

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)(f), 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: <i>Billy Adams</i> <i>William Donnelly</i>	5-10-04 5-11-04	407.760.2834 407.869.6290	Date Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2EM3 (01/04)