

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAR 16 AM 11:23

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # *National Biker Vendor Association*

1. Corporation Name

NO1000005369

700096003657
04/06/07--01044--001 **542.50

2. Principal Office Address - No P.O. Box #

4252 Acorn Ave

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bunnell, FL

City & State

Zip

Country

Zip

Country

32110

Flagler

REINSTATEMENT (1/07)

02-07

4. Date Incorporated or Qualified
To Do Business in Florida

7/27/01

5. FEI Number

593650841

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Loretta M O'Brien

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

4252 Acorn Ave

Suite, Apt. #, Etc.

Bunnell

City

Bunnell

State

FL

Zip Code

32110

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Loretta M O'Brien

REGISTERED AGENT MUST SIGN

Date

2/1/07

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 |
|--------------------|--------------------------------------|---|-------------------------------|
| Pres | <i>William Gormley</i> | <i>Rt 10 PO Box 123</i> | <i>Hamden, NY 13782</i> |
| V. Pres | <i>Mario Tranni</i> | <i>8600 Herbison Ave</i> | <i>North Port, FL 34287</i> |
| Treas | <i>Edward Prinz</i> | <i>21 Bellmore Pl</i> | <i>Palm Beach, FL 32137</i> |
| Trustee | <i>Mike Walcutt</i> | <i>696 S. Yonge St Suite D</i> | <i>Ormond Beach, FL 32174</i> |
| Trustee | <i>Jim Costa</i> | <i>PO Box 151</i> | <i>Harmony, RI 02829</i> |
| Trustee | <i>Billy Donohue</i> | <i>10 Walnut Lane</i> | <i>Ormond Beach, FL 32174</i> |

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 contained in Chapter 119, 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:

Edward D. [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/1/07 386-547-1891

Daytime Phone #