

**2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

**FILED  
Oct 21, 2007  
Secretary of State**

DOCUMENT# N01000006805

Entity Name: COBRAS MOTORCYCLE CLUB, INC.

**Current Principal Place of Business:**

3700 70TH AVE N  
STUDIO  
PINELLAS PARK, FL 33781

**New Principal Place of Business:**

3700 70TH AVE N  
UNIT A  
PINELLAS PARK, FL 33781

**Current Mailing Address:**

3700 70TH AVE N  
STUDIO A  
PINELLAS PARK, FL 33781

**New Mailing Address:**

3700 70TH AVE N  
UNIT A  
PINELLAS PARK, FL 33781

FEI Number: 59-3747285      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

BALLONE, LOUIS  
4832 16TH. ST. N.  
ST. PETERSBURG, FL 33703      US

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: LOUIS BALLONE

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D            ( ) Delete  
Name: ROBERT, NASH  
Address: 1501 WINCHESTER RD.  
City-St-Zip: ST. PETERSBURG, FL 33710

Title: D            (X) Change ( ) Addition  
Name: ROBERT, NASH  
Address: 7310 LYNNWOOD AVE N  
City-St-Zip: ST. PETERSBURG, FL 33710

Title: D            ( ) Delete  
Name: BALLONE, LOUIS  
Address: 4832 16TH STREET N  
City-St-Zip: ST. PETERSBURG, FL 33703

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

Title: D            (X) Delete  
Name: WASSON, MERRELL  
Address: 18 SOPHIE AVENUE  
City-St-Zip: DUNEDIN, FL 34698

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: LOUIS BALLONE

PRES

10/21/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date