## 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N03000002952

Entity Name: CAPITAL CITY BMX, INC.

FILED Mar 23, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

501 EASTERWOOD ROAD 501 EASTERWOOD DRIVE TALLAHASSEE, FL 32312 TALLAHASSEE, FL 32312

Current Mailing Address: New Mailing Address:

2292 TUSCAVILLA RD 3892 NORTH MONROE STREET TALLAHASSEE, FL 32312 TALLAHASSEE, FL 32303

FEI Number: 55-0826673 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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:

MILLER, RICK
4254 LITTLE OSPREY DRIVE
TALLAHASSEE, FL 32303 US
PIOTROWSKI, JOEL
3892 NORTH MONROE STREET
TALLAHASSEE, FL 32303 US
TALLAHASSEE, FL 32303 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: JOEL PIOTROWSKI 03/23/2005

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D ( ) Delete Title: D (X) Change ( ) Addition Name: KRICK, DEBBIE Name: SHIELDS, REGGIE

Address: 12057 CEDAR BLUFF TR Address: 2594 SALEM ROAD City-St-Zip: TALLAHASSEE, FL 32312 City-St-Zip: HAVANA, FL 32333

Title: D ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 FISHER, TRACY
 Name:

 Address:
 5048 TALLON POINT
 Address:

 City-St-Zip:
 TALLAHASSEE, FL 32309
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: TRACY FISHER D 03/23/2005