

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N03000004907

1. Corporation Name

Fire & Iron Motorcycle Club, Inc.

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

753 Naples Drive

Suite, Apt. #, etc.

City & State

Orlando, Florida

Zip

32804

Country

3. Mailing Office Address

753 Naples Drive

Suite, Apt. #, etc.

City & State

Orlando, Florida

Zip

32804

Country

7. Name and Address of Current Registered Agent

Name

Mike T. Moss

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

753 Naples Drive

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32804

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

REGISTERED AGENT MUST SIGN

Date **5/2/03/2010**

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
Director/Officer	Robert Kallendorf	1253 Reliance Court	Independence, KY 41051
Director/Secretary	Paul Eggerding	3609 Sunnyside Ave	Brookfield, IL 60513
Director/VP	Bruce Conran	184 Camp Porter Rd	New Braunfels, TX 78130
Director/Treasurer	Terry Naumann	255 Lake Destiny Trail	Altamonte Springs, Florida 32714
Director/President	Mike T. Moss	753 Naples Drive	Orlando, Florida 32804

10. E-mail Address: **lbeechner@beechnerenglert.com**

(To be used for future annual report notification)

11. 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. I further certify, 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

Date

5/2/03/2010

Daytime Phone #

407-512-4394

FILED

10 JUN -3 AM 8:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300180989023
06/03/10--01018--017 **61.25

300180989023
05/17/10--01067--001 **297.50

REINSTATEMENT 08-10

4. Date Incorporated or Qualified
To Do Business in Florida **06/05/2003**

5. FEI Number
861096733

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

☐ 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.

300180989023
05/17/10--01067--002 **8.75