

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 AUG 22 PM 11:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N51172

1. Corporation Name

Group Riders Motorcycle club

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

8142 New Kings Rd.
Suite, Apt. #, etc.

3. Mailing Office Address

7942 Maffox Ave
Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32219

Country

Zip

32219

Country

800134837738

08/22/08--01024--004 **988.75

REINSTATEMENT

93-08

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$6.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Grady Stroy

Street Address (P.O. Box Number is Not Acceptable)
6712 GASPAR Cir E.

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32219

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

Grady Stroy

REGISTERED AGENT MUST SIGN

Date 18 Aug 08

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/D	Grady Stroy	6712 GASPAR Cir E	Jacksonville, FL 32219
VP/D	James Joiner	8142 New Kings Rd	" " 32219
C/D	Willie McCormick	1024 Glencairn St	Jacksonville, FL 32208
ESP/D	Denise Hampton	7942 Maffox Ave	" " 32219
S/D	Latonian Sims	1365 Florida Ave	" " 32206

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:

Denise B. Hampton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

18 August 2008

Date

Daytime Phone #

8/22/08