

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

00 JAN 31 AM 9:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000003087**

1. Corporation Name

**MOPED OF JACKSONVILLE, INC.**

2. Principal Office Address

**1319 N. Myrtle Av.**

Suite, Apt. #, etc.

3. Mailing Office Address

**P.O. Box 40845**

Suite, Apt. #, etc.

City & State

**Jacksonville, FL**

Zip

Country

City & State

**Jacksonville, FL**

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**6/20/94**

5. FEI Number

**59-3359870**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

**Lorenzo Alexander**

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

**11668 Carapace Ln**

Suite, Apt. #, Etc.

City

**Jacksonville**

State  
**FL**

Zip Code

**32218**

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

**Lorenzo Alexander**

REGISTERED AGENT MUST SIGN

Date **1/31/00**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip     |
|--------|--------------------------------------|---|------------------------|
| DP     | Harris, Lee E.                       | 1262 W. 4th Street                                | Jacksonville, FL 32209 |
| D      | Gee, Birnett                         | 2564 Mimosas Circle W.                            | Jacksonville, FL 32209 |
| D      | Pierce, Harold T.                    | 6720 Gaspar Circle                                | Jacksonville, FL       |
| D      | Alexander, Lorenzo                   | 11668 Carapace Lane                               | Jacksonville, FL 32218 |
| D      | Hall, David                          | 10949 Key Vega Drive                              | Jacksonville, FL 32218 |
| D      | Seals, Patricia                      | 401 W. 24th Street                                | Jacksonville, FL 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 under section 119.07(3)(i), 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:

**Lorenzo Alexander**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/31/00**

Date

**(904) 360-5650**

Daytime Phone #

CR2E081 (9/99)