

2013 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N98000003389

FILED
Apr 27, 2013
Secretary of State

Entity Name: ROUGH RIDERS MC, INC.

Current Principal Place of Business:

1238 SW ASTURIA AVE
PORT SAINT LUCIE, FL 34953

New Principal Place of Business:

1632 SE NIEMEYER CIRCLE
PORT SAINT LUCIE, FL 34952

Current Mailing Address:

1238 SW ASTURIA AVE
PORT SAINT LUCIE, FL 34953

New Mailing Address:

5339 SE GRAHAM DRIVE
STUART, FL 34997

FEI Number: 01-0583378

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CARNEVALE, FRANK R
1238 SW ASTURIA AVE
PORT SAINT LUCIE, FL 34953 US

Name and Address of New Registered Agent:

COFFINAS, GUS
5339 SE GRAHAM DRIVE
STUART, FL 34997 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: GUS COFFINAS

04/27/2013

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: COFFINAS, GUS
Address: 1632 SE NIEMEYER CIRCLE
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: VP
Name: JENSEN, WILLIAM
Address: 1632 SE NIEMEYER CIRCLE
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: SEC
Name: SCALISE, MOE
Address: 1632 SE NIEMEYER CIRCLE
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: TRES
Name: GRIFFITH, RANDAL
Address: 1632 SE NIEMEYER CIRCLE
City-St-Zip: PORT SAINT LUCIE, FL 34952

I hereby 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 all other like empowered.

SIGNATURE: GUS COFFINAS

PRES

04/27/2013

Electronic Signature of Signing Officer or Director

Date