

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 NOV 24 PH 4:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000003696

1. Corporation Name

Bike Miami, Inc.

200138252842
11/25/08--01004--001 **297.50

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

201 S. Biscayne Blvd

3. Mailing Office Address

Suite, Apt. #, etc.

Suite 1500

Suite, Apt. #, etc.

City & State

Miami

City & State

FL

Zip

33131

Country

USA

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

6/16/99

5. FEI Number

651008399

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

Corporation Company of Miami

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

201 S. Biscayne Blvd.

Suite, Apt. #, Etc.

1500 Miami Center

City

Miami

State

FL

Zip Code

33131

☐ 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.

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

Date

10/10/08

REGISTERED AGENT MUST SIGN

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
DP	John E. Smith	7531 S.W. 64th Court	South Miami, FL 33143
DVPT	Dario A. Pérez	201 S. Biscayne Blvd./ 1500 Miami Center	Miami, FL 33131
D	Alfredo G. Rodriguez	5520 S.W. 106th Avenue	Miami, FL 33165

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/10/08 305-926-8115

Daytime Phone #