

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P00000013081

1. Corporation Name

BICYCLES OF LEESBURG, INC.

Principal Place of Business

716 14TH ST.
LEESBURG FL 32748

Mailing Address

716 14TH ST.
LEESBURG FL 32748

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/02/2000

5. FEI Number

59-3624522

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	CROAK, MICHAEL A	14229 U.S. HWY. 441	TAVARES FL 32778
P	John G. Edwards	430 Seminole Ave.	Eustis, FL 32726

800004698628--9

-11/29/01--01059--009

****750.00 ****750.00

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8. Name and Address of Current Registered Agent

CROAK, MICHAEL A
716 14TH ST.
LEESBURG FL 32748

9. Name and Address of New Registered Agent

Name

John G. Edwards

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

430 Seminole Ave.

Suite, Apt. #, Etc.

W/A

City

Eustis

State

FL

Zip Code

32726

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

10/31/01

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 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Edwards

Date

10/31/01

(352)

787-0114

Daytime Phone #

CR2040 (8/01)