

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

02 AUG 19 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000109429

1. Corporation Name

American Heritage Cycles, Inc.

2. Principal Office Address

6036 Seminole Blvd.

Suite, Apt. #, etc.

3. Mailing Office Address

14087 W. Parsley Dr.

Suite, Apt. #, etc.

City & State

Seminole, Florida

Zip

33774

Country

USA

City & State

Madeira Beach, Florida

Zip

33708

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/22/2000

5. FEI Number

59-3682474

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

SUZANNE BELMONTE

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

6036 Seminole Blvd.

Suite, Apt. #, Etc.

City

Seminole

State

FL

Zip Code

33774

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

Suzanne Belmonte

REGISTERED AGENT MUST SIGN

Date

8/14/02

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	James Belmonte	14087 W. Parsley Dr.	Madeira Beach, FL 33708

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:

James W Belmonte

JAMES W BELMONTE

8-14-02

727 638-4518

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/14/02