FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

02 NOV -5 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000117420

1. Corporation Name

PINE FOREST CYCLES, INC

REINSTATEMENT 02

2. Principal Office Address	3. Mailing Office Address
6808 PINE FOREST RD	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PENSACOLA FL	City & State: PENSACOLA FL
Zip: 32526 Country: ESCAMBIA	Zip: 32526 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 12/19/00

5. FEI Number: 59-3692505 Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: MICHAEL R CHARON

500008812715
11/05/02 01105 018 **750.00

Street Address (P.O. Box Number is Not Acceptable): 622 EDGEWATER DR

Suite, Apt. #, Etc.:

City: PENSACOLA State: FL Zip Code: 32507

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: [signature] Date: 11/1/02

REGISTERED AGENT MUST SIGN

CR2E061 (01/01)

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	MICHAEL CHARON	622 EDGEWOOD DR	PENSACOLA, FL 32507
VP/TR	JEFFREY BRIDGES SR	2010 BENJAMIN DR	PENSACOLA FL 32526

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: Jeffrey Bridges Sr. Jeffrey Bridges Sr. 11/1/02 (850)944-1147

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JB 11/12/02