

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

DIVISION OF CORPORATIONS

10f2  
**FILED**  
**Oct 23, 2003 8:00 A.M.**  
**Secretary of State**

DOCUMENT # **P01000005968**

1. Corporation Name

**EXTREME CYCLE PARTS INC**

Principal Place of Business

3100 NW 2 AVE, STE 203  
BOCA RATON FL 33131

Mailing Address

3100 NW 2 AVE, STE 203  
BOCA RATON FL 33131



300024054693  
10/23/03--01075--026 \*\*150.00

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

01/16/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1067722

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	BELLO, DAVID	3100 NW 2 AVE, STE 203	BOCA RATON FL 33131

**REINSTATEMENT**

8. Name and Address of Current Registered Agent

BELLO, DAVID  
3100 NW 2 AVE, STE 203  
BOCA RATON FL 33131

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10/15/2003

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:

David P. Bello

10/15/2003

561-395-1895

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

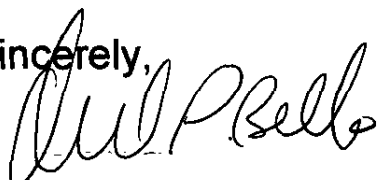
CR20040 (7/03)

October 15, 2003

To: Division of Corporations  
From: Extreme Cycle Parts, Inc.  
Document#: P01000005968  
Re: Corporate Reinstatement

To whom it may concern,

I am the President, Vice President, or Director of 6 Florida corporations. Some of these corporations have been in Florida for more than 20 years. This is the first time that we have NOT received UBR notices for all 6 corporations. I would like to have all of these corporations reinstated. I have included this letter and a check for \$150.00 to file the report without penalties. This letter has been sent with each Reinstatement Envelope.  
All mailing addresses remain the same.

Sincerely,  
  
David P. Bello  
Director