

FLORIDA DEPARTMENT OF STATE Jim Smith

> Secretary of State DIVISION OF CORPORATIONS

P01000061095 **DOCUMENT #**

1. Corporation Name

TOMMY CYCLE, INC.

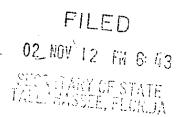
Principal Place of Business

Mailing Address

10535 NW 27TH AVE MIAMI FL 33147

10535 NW 27TH AVE

MIAMI FL 33147





If above a	addresses are	incorrect in any way. line	through incorrect i	information and	Lenter correction below				
				#, etc.		4. Date Incorporated or Qualified To Do Business in Florida 06/18/2001- 15. FEI Number Applied For Not Applicable			
Suite, Apt. #, etc. Suite, Apt									
City & State City & State									
Zip		Country	Zip		Country	CERTIFICA		Additional Fee required r a Certificate of Status	
~7 _{:≤} Names.	and Street Ad	dresses of Each Officer.ar	d/or Director (Fig	orida nonprofit d	corporations must list at	least:3,directors)			
Title(s)	Name of Officers			Street Address of Each Officer and/or Director			City / State / Zip		
Р -	HINES, PATRICK			10535 NW 27TH AVE			MIAMI FL 33147		
٧	HINES, SABRINA			17941 NW 42ND PL			MIAMI FL		
S	HINES, JAMEICA			4445 NW 180TH ST		,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	MIAMI-FL 33055		
T	HINES, TAMEKA			4445 NW 180TH ST			MIAMI FL 33055		
				400008596664 10/25/0201083004 **150.00					
		02 (12/12		73				
8. Name and Address of Current Registered Agent						9. Name and Address of New Registered Agent			
HINES, PATRICK 10535 NW 27TH AVE					Name Street Address				
MIAMI FL 33147					Suite, Apt. #, E	Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.			
	<u>.</u>				City	-	State FL	Zip Code	
		registered agent of the at	pove named corpo	pration, am fam	iliar with and accept the	obligations of Sec	otion 607.0505, F.S. or 617.0505,	F.S. (2) 2	
Signature of Registered /	Agent		EGISTERED AG	ENT MUST CIC			Date	2102	
		Г	LOW FUED AG	F141 MOD1 21(214		•		

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 filling 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:

10-22-00

To whom I+ may Concern,

I Patrick Hines registered agent
of Tommy Cycle Inc. olid not
receive the two prior businessreport notices for 2002. I have
enclosed the \$ 150.00 fee and
ask that you please waive the fee. Thank you
for your cooperation in this matter.

(305)835-7788

Sincerely Ling