

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
02WB
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P01000061095**

1. Corporation Name

TOMMY CYCLE, INC.

Principal Place of Business

**10535 NW 27TH AVE
MIAMI FL 33147**

Mailing Address

**10535 NW 27TH AVE
MIAMI FL 33147**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/18/2001

5. FEI Number

65-1116308

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	HINES, PATRICK	10535 NW 27TH AVE	MIAMI FL 33147
V	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

**4000008596664
10/25/02--01083--004 **150.00**

8. Name and Address of Current Registered Agent

**HINES, PATRICK
10535 NW 27TH AVE
MIAMI FL 33147**

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/22/02

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/22/02 305-835-7788

CR20040 (8/02)

10-22-02

To Whom It may Concern,

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

If you have further questions, call
(305) 835-7788

Sincerely,

Patrick Hines