

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION  
FOR  
REINSTATEMENT



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

FILED

02 NOV 22 PM 12:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000098633

1. Corporation Name

ULTRA MOTORCYCLE COMPANY, INC.

Principal Place of Business

1890 S MILITARY TRAIL  
W PALM BCH FL 33415

Mailing Address

1890 S MILITARY TRAIL  
W PALM BCH FL 33415

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

2. New Principal Office Address, If Applicable

3810 Wacker DR  
Mira Loma CA  
91752 US

3. New Mailing Office Address, If Applicable

1147 N. Dixie Frwy  
New Smyrna, FL  
32168 US

4. Date Incorporated or Qualified  
To Do Business in Florida

10/09/2001

5. FEI Number

52-2350285

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	CAMPAGNUOLO, FRED M	1890 S MILITARY TRAIL	W PALM BCH FL 33415
	Business Address	Ultra Warranty 3810 Wacker Dr. Mira Loma, Ca. 91752	500009173565 11/22/02--01074--009 **\$600.00
			500009173565 11/22/02--01074--010 **\$150.00
	Home Address For		500009173565 11/22/02--01074--011 **\$8.75
	Fred M. Campagnuolo	2840 Sunset DR	New Smyrna Bch, FL 32168

8. Name and Address of Current Registered Agent

CAMPAGNUOLO, FRED M  
1890 S MILITARY TRAIL  
W PALM BCH FL 33415

SAME Agent -  
New Address

Ultra Warranty  
3810 Wacker Dr.  
Mira Loma, Ca. 91752

1147 N. Dixie Frwy. New Smyrna, FL 32168

9. Name and Address of New Registered Agent

Name Fred M. Campagnuolo  
Street Address (P.O. Box Number is Not Acceptable)  
Ultra Warranty 1147 N. Dixie Frwy  
Suite, Apt. #, Etc. 3810 Wacker Dr.  
Mira Loma, Ca. 91752 New Smyrna, FL  
City State Zip Code  
FL 32168

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

Fred Campagnuolo  
REQUIRED  
REGISTERED AGENT MUST SIGN

Date

11/7/02

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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Fred Campagnuolo  
Date Daytime Phone #

11-7-02 386-424-9527