PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAY -6 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000122102

1. Corporation Name
J.C. MOTORCYCLES, INC.

REINSTATEMENT 03-04
900035714049
05/06/04--01057--006 **750.00

2. Principal Office Address	3. Mailing Office Address
2669 N.W. 33 Street	9060 N.W. 8 Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	#301
City & State	City & State
Miami, Florida	Miami, Florida
Zip / Country	Zip / Country
33142 / USA	33172 / USA

4. Date Incorporated or Qualified To Do Business in Florida: MAY 9, 2002

5. FEI Number: 80-0029223 — Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐ — $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: JORGE DANIEL COLMAN

Street Address (P.O. Box Number is Not Acceptable): 9060 N.W. 8 Street

Suite, Apt. #, Etc.: #301

City: Miami, Florida — State: FL — Zip Code: 33172

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: X _____ Date: 4/29/04

REGISTERED AGENT MUST SIGN

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
D	JORGE DANIEL COLMAN	9060 N.W. 8 Street #301	Miami, Fl 33172
D	JORGE ARMANDO COLMAN	9060 N.W 8 Street #301	Miami, Fl 33172

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: X _____ 4/29/04 305-228-4696

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