

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # PO1000122102			
1. Corporation Name J.C.MOTORCYCLES, INC.			
2. Principal Office Address 2669 N.W. 33 Street		3. Mailing Office Address 9060 N.W. 8 Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
		#301	
City & State Miami, Florida		City & State Miami, Florida	
Zip 33142	Country USA	Zip 33172	Country USA

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

REINSTATEMENT

900035714045

05/06/04-01057-006 **750.00

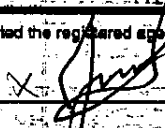
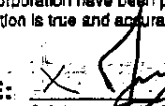
4. Date Incorporated or Qualified MAY 9, 2002
To Do Business In Florida

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 		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: 		Date 4/29/04	Daytime Phone # 305-228-4696
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			