

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000018143

1. Corporation Name

OPEN ROAD MOTORCYCLES INC.

2003-05

2. Principal Office Address

5475 Williamsburg Dr

Suite, Apt. #, etc.

#1

City & State

Punta Gorda Florida

Zip

33982

Country

CHARLOTTE

3. Mailing Office Address

4940 Duncan Road

Suite, Apt. #, etc.

City & State

Punta Gorda Florida

Zip

33982

Country

CHARLOTTE

FILED---
05 MAY 19 PM 4:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4. Date Incorporated or Qualified
To Do Business in Florida

2.18.2002

5. FEI Number

010735627

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

Doyle M^c Burnett

Street Address (P.O. Box Number is Not Acceptable)

4940 Duncan Road

Suite, Apt. #, Etc.

City

Punta Gorda Florida

State

FL

Zip Code

33982

800055184858

05/24/05--01065--007 **105.75

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

Doyle M^c Burnett

REGISTERED AGENT MUST SIGN

Date 5/6/05

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
P	Doyle M ^c Burnett	4940 Duncan Road	Punta Gorda FL 33982

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Doyle M^c Burnett

Doyle M^c Burnett

5/6/05

941 525 4474

CR2E081 (01/05)

DR