

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ATX1

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR 26 PM 2:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

PO2000066198

REINSTATEMENT

B-04

DM CYCLE SUPPLY, INC.

2. Principal Office Address

245 SE 1ST ST, Suite 311

Suite, Apt. #, etc.

STE 311

City & State

MIAMI, FL

Zip

33131

3. Mailing Office Address

245 SE 1ST ST.

Suite, Apt. #, etc.

STE 311

City & State

MIAMI, FL

Zip

33131

4. Date Incorporated or Qualified
To Do Business in Florida

6/14/2002

5. FEI Number

03-0460610

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

25.25 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MARTTI KALKAS

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

245 SE 1ST ST

Suite, Apt. #, Etc.

STE 311

City

MIAMI

State

Zip Code

FL

33131

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

[Signature]

Date

7/23/04

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	MARCELO DE BARROS DANTAS MAC	4055 NW 79 AVE	MIAMI, FL 33166
D	DANIEL DE MAGALHAES CASTRO AL	4055 NW 79 AVE	MIAMI, FL 33166
D	GUILHERME DE BARROS DANTAS M	4055 NW 79 AVE	MIAMI, FL 33166

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

3-23-2004

Date

Daytime Phone #

551130404802

Department of State
Division of Corporations
P.O.Box 6327
Tallahassee, FL 32314


Miami, March 23, 2004

Re: DM Cycle Supply, Inc. P02000066198

Rear Madam/Sir;

We respectfully request the reinstatement of DM Cycle Supply, Inc. Due to an address change we have not received any correspondence from the State regarding UBR filing 2003. We request the state to waive any penalties on our 2003 filing. Enclosed please find Corporation Reinstatement form with a check of \$300.00 as payment of 2003 and 2004 UBR fees.

Sincerely


Daniel de Magalhaes Castro Aliperti
Director
DM Cycle Supply, Inc.