


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

04 MAR 17 AM 8:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-04

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| CORPORATION REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # P02000095140 1. Corporation Name Revenge Motorcycle Company | |
| 2. Principal Office Address 1049 Landview Court Suite, Apt. #, etc. City & State Orlando, Florida Zip Country 32828 US | 3. Mailing Office Address 1049 Landview Court Suite, Apt. #, etc. City & State Orlando, Florida Zip Country 32828 US |
| 4. Date Incorporated or Qualified To Do Business in Florida 9/03/2002 5. FEI Number 11-3652647 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status | |

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| 7. Name and Address of Current Registered Agent Name Robert Brown Street Address (P.O. Box Number is Not Acceptable) 1049 Landview Court Suite, Apt. #, Etc. City Orlando, Florida State FL Zip Code 32828 | |
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900029734949
03/02/04--01053--003 **\$801.00

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| 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 <i>[Signature]</i> Date 2/27/2004 REGISTERED AGENT MUST SIGN | |
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| 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-Vp | Robert R Brown | 1049- Landview Court | Orlando, Florida |
| T-S | I am the only and ALL company officers | | |
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| 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: Robert R Brown <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | 2/27/2004 407-207-8223 Date Daytime Phone # |

CR25001 (01/04)