

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAY -5 AM 11:18

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

600075286846
05/25/06--01044--014 **1058.75

DOCUMENT # P02000100457

1. Corporation Name
Motorvation Services, Inc.

2. Principal Office Address
2311 Treetop Ct.

Suite, Apt. #, etc.

City & State
Melbourne, FL

Zip Country
32934 USA

3. Mailing Office Address
2311 Treetop Ct.

Suite, Apt. #, etc.

City & State
Melbourne, FL

Zip Country
32934 USA

REINSTATEMENT 04-06

4. Date Incorporated or Qualified
To Do Business in Florida 9/16/2002

5. FEI Number 270042002
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

Wayne L. Allen, Esquire

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

700 N. Wickham Road,

Suite, Apt. #, Etc.

Suite 107

City

Melbourne

State
FL

Zip Code
32935

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

Wayne L. Allen
REGISTERED AGENT MUST SIGN

Date 5/3/06

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	Robert J. Marines	2311 Treetop Ct.	Melbourne, FL 32934

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 contained in Chapter 119, 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 J. Marines
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAY 2, 2006 321-259-3494
Date Daytime Phone #

B. Mitchell MAY 12 2006