

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P03000022966

**Entity Name:** MOPEDS AND MORE INC.

**FILED**  
**Nov 04, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

6191 SOUTH PINE AVE  
OCALA, FL 34480 US

**New Principal Place of Business:**

**Current Mailing Address:**

24940 BARTRAM ROAD  
ASTOR, FL 32102 US

**New Mailing Address:**

**FEI Number:** 57-1151475

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MARTIN, PAM M OWNER  
6191 SOUTH PINE AVE  
OCALA, FL 34480 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:** PAM M MARTIN

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** OWNE  
**Name:** MARTIN, PAM M OWNER  
**Address:** 6191 SOUTH PINE AVE  
**City-St-Zip:** Ocala, FL 34480 US

**Title:** OWNE  
**Name:** MARTIN, BRIAN J OWNER  
**Address:** 6191 SOUTH PINE AVE  
**City-St-Zip:** Ocala, FL 34480 US

**Title:** OWNE  
**Name:** MARTIN, MELISSA M  
**Address:** 6191 S.PINE AVE  
**City-St-Zip:** Ocala, FL 34480

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** PAM M MARTIN

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

OWNE

11/04/2011

\_\_\_\_\_  
Date