

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000079369		
1. Entity Name SICKASSO CYCLE CREATIONS, INC.		

FILED

05 OCT 31 AM 11:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10182005 REIN-P CR2E098 (6/04)

Principal Place of Business 5720 WASHINGTON ST HOLLYWOOD, FL 33023	Mailing Address 5720 WASHINGTON ST HOLLYWOOD, FL 33023
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2. Principal Place of Business 4580 SW 52nd Street	3. Mailing Address 4580 SW 52nd Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State DAVIE, FL	City & State DAVIE, FL
Zip 33314	Zip 33314
Country USA	Country USA

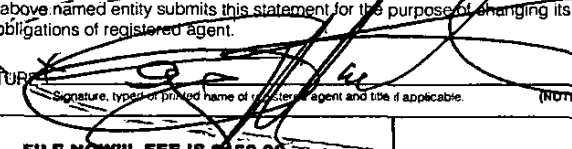
4. FEI Number 58-2676706	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145	
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7. Name and Address of New Registered Agent Name GEORGE MANIATAKOS Street Address (P.O. Box Number is Not Acceptable) 4580 SW 52nd Street City DAVIE FL Zip Code 33314	
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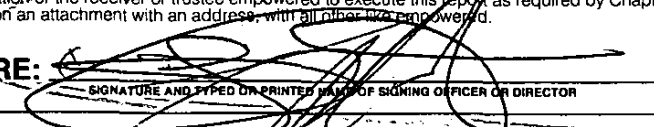
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE **10/20/05**

FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MANIATAKOS, GEORGE 5727 RODMAN STREET HOLLYWOOD, FL 33023 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICER MANIATAKOS, GEORGE 4580 SW 52nd Street DAVIE, FL 33314 ☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STROM, CARYGE A 5727 RODMAN STREET HOLLYWOOD, FL 33023 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other information.

SIGNATURE:  DATE **10/20/05** Daytime Phone #