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	Mailing Address
~~5720 WASHINGTON ST~~ ~~HOLLYWOOD, FL 33023~~	~~5720 WASHINGTON ST~~ ~~HOLLYWOOD, FL 33023~~

2. Principal Place of Business	3. Mailing Address
4580 SW 52nd Street	4580 SW 52nd Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DAVIE, FL	City & State: DAVIE, FL
Zip: 33314 Country: USA	Zip: 33314 Country: USA

4. FEI Number: 58-2676706 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

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

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: _____ 10/20/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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.

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	OFFICER MANIATAKOS, GEORGE 4850 SW 52nd Street DAVIE, FL 33314	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD STROH, CARYGE A 5727 RODMAN STREET HOLLYWOOD, FL 33023	☑ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	100061043001 10/31/05--01043--010 **150.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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 like empowered.

SIGNATURE: _____ 10/20/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #