

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 NOV 12 AM 8:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

11/23
of [signature]

5/7/04 90117 038.150.00

DOCUMENT # P03000092280

1. Corporation Name

BICYCLE SHOP INTERNATIONAL CORP

145 SOUTH ORLANDO AVENUE
145 SOUTH ORLANDO AVENUE

2. Principal Office Address

145 SOUTH ORLANDO AVENUE

3. Mailing Office Address

145 SOUTH ORLANDO AVENUE

Suite, Apt. #, etc.

SUITE F

Suite, Apt. #, etc.

SUITE F

City & State

MAITLAND, FLORIDA

City & State

MAITLAND, FLORIDA

Zip

32751

Country

ORANGE

Zip

32751

Country

ORANGE

4. Date Incorporated or Qualified

To Do Business in Florida 08/22/2003

5. FEI Number

81-06299490

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

AL MESA

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

5240 E. COLONIAL DR

Suite, Apt. #, Etc.

SUITE F

City

ORLANDO

State

FL

Zip Code

32807

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

[Signature]

Date 10-26-04.

REGISTERED AGENT MUST SIGN

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/D	WILLIAM BOLIVAR	124 WALTON HEATH DRIVE	ORLANDO, FL 32828

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:

William Bolivar

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-26-04

Date

Daytime Phone #

(407) 444-3584

CR2001 (01/04)

2002

BICLYCLE SHOP INTERNATIONAL CORP

145 South Orlando Avenue

Maitland, FL 32751

Phone (407) 629-2457

October 26, 2004

DEPARTMENT OF STATE

Division of Corporations

Reinstatement Section

P.O. Box 6327

Tallahassee, FL 32314

Subject: Bicycle Shop International Corporation Document # P03000092280
Reporting FEI No. 81-0629490 To Reinstate Corporation.

Att: Reinstatement Section
c/o Mrs. JERALINE
Reinstatement Specialist

As per our telephone conversation, I'm sending you the reinstatement form with the FEI number for the BICLYCLE SHOP INTERNATIONAL CORP. As I explain to you we didn't file the corrections as requested, because we didn't receive the notification letter requesting this information in the mail.

Please be kind to reinstate our corporation,

If you have any further questions please call our corporate accountant officer Mr. Al Mesa at (407) 448-3584.

Your very truly



William Bolivar.
President.