

**2005 FOR PROFIT CORPORATION
REINSTATEMENT**

DOCUMENT # P03000115537

1. Entity Name
MACHINE CUSTOM CYCLES, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 23 AM 11:24

REINSTATEMENT 09-05



03112005 REIN-P CR2E098 (6/04)

2. Principal Place of Business <i>SAME</i>	3. Mailing Address <i>SAME</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

4. FEI Number <i>20-0309350</i>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

SOBERON, GINA
7411 SW 39TH STREET
DAVIE, FL 33314

Name

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

City

FL Zip Code

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

(Signature, name or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

GINA SOBERON

3-17-05

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b) F.S. the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P Delete
NAME SOBERON, JAY
STREET ADDRESS 7411 SW 39TH STREET
CITY-ST-ZIP DAVIE, FL 33314

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

900050510179
04/12/05-01008--023 **308.75

TITLE VP Delete
NAME SOBERON, GINA
STREET ADDRESS 7411 SW 39TH STREET
CITY-ST-ZIP DAVIE, FL 33314

Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE Delete
NAME STREET ADDRESS CITY-ST-ZIP

Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE Delete
NAME STREET ADDRESS CITY-ST-ZIP

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TITLE Delete
NAME STREET ADDRESS CITY-ST-ZIP

Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP

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: *J. SOBERON*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAR 17 954-605 0633
Date Daytime Phone #