## 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000085999

Entity Name: OCEAN CENTER BIKE RENTALS, INC.

FILED Oct 11, 2005 Secretary of State

Current Principal Place of Business: New P	incipal Place of Business:
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P. O. BOX 321568 404 JACKSON AVE #2

COCOA BCH, FL 329321568 CAPE CANAVERAL, FL 32920

**Current Mailing Address: New Mailing Address:** 

404 JACKSON AVE #2 P. O. BOX 321568 COCOA BCH, FL 329321568 CAPE CANAVERAL, FL 32920

FEI Number: 20-1201499 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

KRASNY, SCOTT ESQ. A1A REGISTERED AGENT INC 304 S. HÁRBOR CITY BLVD., SUITE 201 92 SADBERRY RD MELBOURNE, FL 32901 QUINCY, FL 32351 US

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: PAUL SMITH V.P 10/11/2005

> Electronic Signature of Registered Agent Date

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

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: (X) Change ( ) Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete CLARK, STEPHEN L CLARK, STEPHEN L Name: Name: P. O. BOX 321568 404 JACKSON AVE #2 Address: Address: City-St-Zip: COCOA BCH, FL 329321568 City-St-Zip: CAPE CANAVERAL, FL 32920

Title: () Delete Title: VΡ ( ) Change (X) Addition

Name: Name: EDWARDS, ERIKA Address: Address: 404 JACKSON AVE #2 CAPE CANAVERAL, FL 32920 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutés. I further 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 an address, with all other like empowered.

SIGNATURE: STEPHEN L CLARK DP 10/11/2005