

2006 FOR PROFIT CORPORATION

~~ANNUAL REPORT~~ REINSTATEMENT

APPROVED
AND
FILED

1072

DOCUMENT # P04000116775

1. Entity Name

MINSTREL CYCLES, INC.



05 JUN 14 PM 2:30
05-09-2006 90079 044 ***150.00
05/02/05 90482.032 \$150.00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

435 E ROYAL COVE CIRCLE
DAVIE, FL 33325

Mailing Address

435 E ROYAL COVE CIRCLE
DAVIE, FL 33325

REINSTATEMENT

05-06 RSC

DO NOT WRITE IN THIS SPACE

04282006 No Chg-P CR2E034 (11/05)

4. FEI Number

20-1537628

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COHEN, REBEKKAH
435 E ROYAL COVE CIRCLE
DAVIE, FL 33325

DO NOT WRITE
IN THIS SPACE

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, 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 May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10.

OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

P
REBEKKAH COHEN
435 E ROYAL COVE CIRCLE
DAVIE, FL 33325

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TREA
LIZZEGAN
435 E ROYAL COVE CIRCLE
DAVIE, FL 33325

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-06

Date

954-816-6668

Daytime Phone #

207

STEWART & ASSOCIATES, CPA'S, P.A.

CERTIFIED PUBLIC ACCOUNTANTS

JOYCE T. STEWART, CPA

VIA FACSIMILE 850-245-6017

June 14, 2006

State of Florida
Division of Corporations
P.O. Box 6198
Tallahassee, FL 32314

ATTN: Deborah

RE: Minstrel Cycles, Inc. Doc. No. P04000116775 TIN 20-1537628

Dear Deborah:

Our above referenced client did not receive notification of rejection for the filing of their 2005 Corporation Annual Report.

We respectfully request reinstatement and waiver of the reinstatement fee. You have received payment for the 2005 and 2006 Corporation Annual Reports.

Thank you for your consideration.

Sincerely,



Joyce T. Stewart
Certified Public Accountant

CC: Minstrel Cycles, Inc.

JTS:sk