


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 NOV 21 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (1/07)

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P05000119597

1. Corporation Name

1st Gear Cycles, Inc.

2. Principal Office Address - No P.O. Box #

129 N. Tropical Trail

Suite, Apt. #, etc.

City & State

Merritt Island, FL

Zip

32953

Country

US

3. Mailing Office Address

129 N. Tropical Trail

Suite, Apt. #, etc.

City & State

Merritt Island, FL

Zip

32953

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

8/29/05

5. FEI Number

20-3425867

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

David Murphy

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

1506 Bellview Pl.

Suite, Apt. #, Etc.

G

City

Cocoa

State

FL

Zip Code

32922

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

David Murphy

Date

11/19/2007

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
MR.	DAVE MURPHY	1506 BELLEVUE	COCOA, FL 32920
Ms	Karen Lentz	1833 Abbeyridge Dr.	Merritt Island, FL 32953
			400112716954 11/30/07--01012--018 **308.75

REINSTATEMENT
RH

11-07

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 contained in Chapter 119, 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:

David Murphy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/19/2007

321-986-6061
Daytime Phone #