

# **2008 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P05000130313

**FILED**  
**Feb 28, 2008**  
**Secretary of State**

**Entity Name:** MIAMI MOTORCYCLE SALON, INC.

**Current Principal Place of Business:**

2921 CORAL WAY  
MIAMI, FL 33145

**New Principal Place of Business:**

3551 SW 23 TERRACE  
MIAMI, FL 33145

**Current Mailing Address:**

PO BOX 144141  
CORAL GABLES, FL 33114

**New Mailing Address:**

**FEI Number:** 20-3511729

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MARTIN, JOSE M  
8567 CORAL WAY #250  
MIAMI, FL 33155 US

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

FINOCCHIARO, JUSTIN  
3551 SW 23 TERRACE  
MIAMI, FL 33145 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: JUSTIN FINOCCHIARO

02/28/2008

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: PS ( ) Delete  
Name: MARTIN, JOSE M  
Address: 8567 CORAL WAY #250  
City-St-Zip: MIAMI, FL 33155

Title: VCP ( ) Delete  
Name: FINOCCHIARO, MICHAEL A  
Address: 3551 SW 23 TER  
City-St-Zip: MIAMI, FL 33145

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PS (X) Change ( ) Addition  
Name: FINOCCHIARO, JUSTIN  
Address: 3551 SW 23 TERR  
City-St-Zip: MIAMI, FL 33145

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JUSTIN FINOCCHIARO

PS

02/28/2008

Electronic Signature of Signing Officer or Director

Date