

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *pg 1 of 2*

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # *PG4000029088*

1. Corporation Name

Highway Cycle, Inc.

2. Principal Office Address

9800 SW 168 St

Suite, Apt. #, etc.

3. Mailing Office Address

9800 SW 168 St.

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33157

Country

USA

City & State

MIAMI, FL

Zip

33157

Country

USA

APPROVED
AND
FILED

01 JUN 13 AM 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****500.00 ****500.00

4. Date Incorporated or Qualified
To Do Business in Florida

4-15-94

5. FEI Number

65-0482894

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

Manuel Williams

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

9800 SW 168 Street

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33157

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

[Signature]

REGISTERED AGENT MUST SIGN

Date *5/18/01*

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
<i>P</i>	<i>Manuel Williams</i>	<i>13640 SW 100 Ave.</i>	<i>MIAMI, FL 33176</i>

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****500.00 ****500.00

REINSTATEMENT *95-01*

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 under section 119.07(3)(i), 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.

5/18/01

Date

35-233-1204

Daytime Phone #

CR2E081 (9/99)



PARTS & ACCESSORIES FOR HARLEY DAVIDSON

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5-18-01

To whom it may concern,

The reason for not filing in the past was that on July 14TH 1994 our daughter was kidnapped and we had to spend all our available funds to locate her. If there is anymore fines owed please contact us, at the phone or address listed below.

P.S., To confirm

the kidnapping case
please contact my attorney
Bill Gaultier Jr. at
(305) 447-0766
regarding: Elisha Williams + Kyra.

Thank you,

Manny Williams