

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY -4 AM 10:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000051934

1. Corporation Name

CYCLES IMPORT-EXPORT, INC.

2. Principal Office Address

7535 NW 52 ST

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33166

Country

USA

3. Mailing Office Address

7535 NW 52 ST

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33166

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 06-11-1997

5. FEI Number

65-0764753

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name

OSIEL SAEZ

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

7535 NW 52 ST

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33166

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**

Osiel Saez

REGISTERED AGENT MUST SIGN

Date 04-05-2004

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
PTSD	OSIEL SAEZ	7535 NW 52 ST	MIAMI, FL 33166

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:

Osiel Saez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 05-03-2004

Daytime Phone #

CR2E081 (01/04)