

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 DEC 28 AM 10:17
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P97000067463

1. Corporation Name

SILVER MOON CYCLES, INC.

2. Principal Office Address

1220 N.E. Santa Fe Blvd

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

High Springs, FL

City & State

Zip

32643

Country

Alachua

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

59-3464827

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

Jeffrey G. Kates

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

1220 N.E. Santa Fe Blvd.

Suite, Apt. #, Etc.

City

High Springs

State
FL

Zip Code

32643

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**

Jeffrey G. Kates

REGISTERED AGENT MUST SIGN

Date Nov. 28, 2000

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 |
|--------|--------------------------------------|---|--------------------|
| Dir. | Jeffrey G. Kates | 24015 N.W. 110th Ave. | Alachua, FL 32615 |
| Pres. | Jeffrey G. Kates | 24015 N.W. 110th Ave. | Alachua, FL 32615 |
| Secy | Jeffrey G. Kates | 24015 N.W. 110th Ave. | Alachua, FL 32615 |
| Treas | Jeffrey G. Kates | 24015 N.W. 110th Ave. | Alachua, FL 32615 |
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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:

Jeffrey G. Kates

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nov. 28, 2000

Date

Daytime Phone #

(904)

454-3766

CR2E081 (9/99)