

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 JAN 27 PM 1:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000099628**

1. Corporation Name

Keys Cycle Harley Specialist, Inc.

2. Principal Office Address

3. Mailing Office Address

M.M. 82.5 Overseas Hwy. P.O. Box 103

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Islamorada, Florida

Islamorada, Florida

Zip

Country

Zip

Country

33036

USA

33036

USA

4. Date Incorporated or Qualified
To Do Business in Florida

9/12/97

5. FEI Number

65.0786920

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

Larry Lewis

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

M.M. 82.5, Overseas Highway

Suite, Apt. #, Etc.

City

Islamorada

State

FL

Zip Code

33036

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

REGISTERED AGENT MUST SIGN

Date

1/25/00

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
Pres.	Larry Lewis	M.M. 82.5, Overseas Hwy	Islamorada, FL 33036
			200003119757-0
			-02/01/00--01133--021
			***1058.75 ***1058.75

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:

Larry Lewis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/25/00

(305) 664.0804

Daytime Phone #