

PS 192

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 APR -5 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000096533

1. Corporation Name

Bike Tech of Florida, Inc.

2. Principal Office Address

7252 SW 40th Str

Suite, Apt. #, etc.

3. Mailing Office Address

7252 SW 40th Str

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33155

Country

City & State

MIAMI, FL

Zip

33155

Country

200026134772
01/06/04--01033--021 **150.00

REINSTATEMENT

03-34

4. Date Incorporated or Qualified
To Do Business in Florida

11/12/1997

5. FEI Number

65-0793914

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Joyce Freire

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

Suite, Apt. #, Etc.

10275 SW 68 Str

City

Miami

State

FL

Zip Code

33173

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

Joyce M. Freire

Date

3/10/04

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PDO	Joyce Freire	7252 SW 40th Str	MIAMI, FL 33155

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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joyce M. Freire

Date

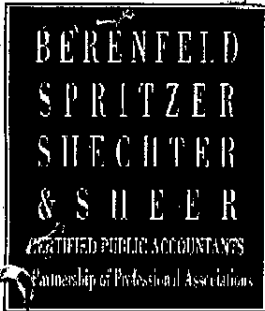
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Daytime Phone #

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PJ 2082

December 18, 2003

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Bike Tech of Florida Inc.
EIN: 65-0793914

To Whom It May Concern:

The entity Bike Tech Inc. respectfully requests a waiver of penalties for the non-filing of the 2003 For Profit Corporation Uniform Business Report (UBR). The company did not receive the form in the mail. Attached you will find the Corporation Reinstatement form reflecting the correct mailing address and payment in the amount of \$150.

Thank you in advance for helping to correct this matter as quickly as possible.

Very truly yours,

BERENFELD, SPRITZER, SHECHTER & SHEER

Vicki L. Simmons-Hinz CPA

Enclosure
c: Bike Tech of Florida Inc.

REPLY:

MIAMI OFFICE

9655 South Dixie Hwy., Third Floor, Miami, Florida 33156
Telephone: (305) 274-4600 Telefax: (305) 274-4601

WESTON OFFICE

2237 N. Commerce Parkway, Suite 3, Weston, Florida 33326
Telephone: (954) 370-2727 Telefax: (954) 370-2776

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