

CAPITAL CONNECTION

850 222 1222

10/12 '99 10:01 NO.913 01/02

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 OCT 13 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT

1. Corporation Name

P980000 25019
Big Bike of Jacksonville, Inc.

Principal Place of Business

Mailing Address

9543 Sunbeam Center Drive
Jacksonville, FL 32257200003018782--5
-10/13/99--01081--001
****750.00 ****750.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

3/15/98

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3500066

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐\$4.75 Additional fee required
for a Certificate of Status

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

1 Title(s)	2 Name of Officer and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P, VP S, T	Bruce A. Scott	9543 Sunbeam Center Dr.	Jacksonville, FL 32257
D	Bruce A. Scott	9543 Sunbeam Center Dr.	Jacksonville, FL 32257

REINSTATEMENT 99 TS

8. Name and Address of Current Registered Agent

Myra Loughran, P.A.
333 First St. N., Suite 305
Jacksonville Beach, FL 32250

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent
REGISTERED AGENT MUST SIGN

Date 10/12/99

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.Yes ☐ No ☐(See other side for information
on intangible tax.)

12. 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)(b), 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

MATTHEW J. FENNER

10/12/99
Date904-880-6900
Daytime Phone #