

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P99000018252

1. Corporation Name

D & P CYCLES CORP.

Principal Place of Business

10500 ULMERTON RD., STE. 240
LARGO FL 33771

Mailing Address

10500 ULMERTON RD., STE. 240
LARGO FL 33771

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/25/1999

5. FEI Number

59-3565531

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
President	Donny Liles	1125 Spanish Dr.	Palm Harbor, FL 34683
Vice-President	Paul Williams	5150 Foxbridge Cir S. #62	Clearwater, FL 33760

6000003469506-6

-11/20/00--01011--014

***150.00 ***150.00

SP

8. Name and Address of Current Registered Agent

LILES, DONNY
1125 SPANISH OAKS DR. W.
PALM HARBOR FL 34683

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Donny Liles
REGISTERED AGENT MUST SIGN

Date 10-27-00

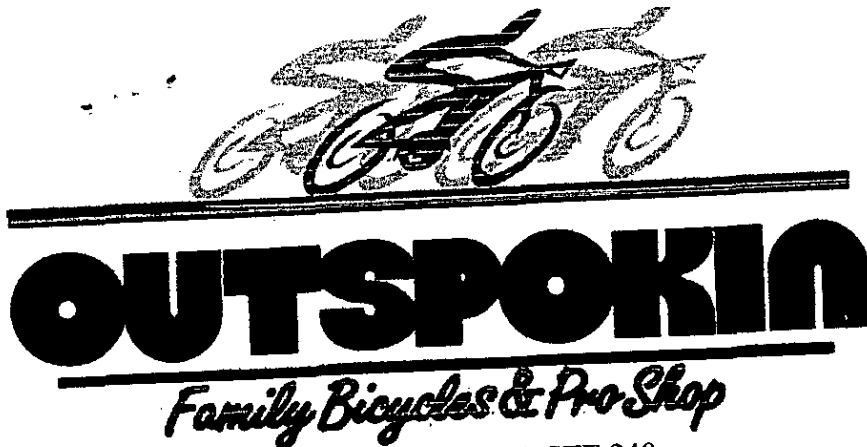
11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the 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:

Donny Liles
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-27-00 727-586-4545
Date Daytime Phone #

150




10500 Ulmerton Rd. STE 240
Largo, FL. 33771
727-586-4545

Friday, October 27, 2000

Division of Corporations:

Having spoken to a gentleman in the Division of Corporations office he instructed me to send this letter. Last year was our first year as a corporation and I was not aware of having to renew it every year. I do not know if we are to receive a notice by mail or we are to remember to do this. If we are to receive a notice we did not receive one, so please wave the late fees and re-instate our corporation. Enclosed you will find our check for the yearly dues. Thank you for all of your help and if you need to reach me the best way is my cell phone: 727-804-4855.

Because of Jesus,


Donny Liles
Acts 20:24