

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 AUG 25 AM 8:00

DOCUMENT # P99000040171

1. Corporation Name

Ducati of Tampa Bay, Inc.

2. Principal Office Address

2 N. Tamiami Trail

Suite, Apt. #, etc.

Suite 500

City & State

Sarasota, FL

Zip

34236

Country

Sarasota

3. Mailing Office Address

2 N. Tamiami Trail

Suite, Apt. #, etc.

Suite 500

City & State

Sarasota, FL

Zip

34236

Country

Sarasota

REINSTATEMENT 02-04

MRS

4. Date Incorporated or Qualified
To Do Business in Florida

05/03/1999

5. FEI Number

59-3579584

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

H. Roger Lutz

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

2 North Tamiami Trail, One Sarasota Tower

Suite, Apt. #, Etc.

Suite 500

City

Sarasota

State

FL

Zip Code

34236

000040872500

03/08/04 - 01086 - 013 **1053.75

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

8-23-04

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
P	David Isaac	1425 South Eads Street	Arlington, VA 22202

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8.13.04

Daytime Phone #

CR2E081 (01/04)