

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 OCT 18 PH 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000060250

1. Corporation Name

MOTO CYCO WORLD OF CLEARWATER, INC.

Principal Place of Business

Mailing Address

11641 US HIGHWAY 19
CLEARWATER FL 33764

11641 US HIGHWAY 19
CLEARWATER FL 33764

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

07/06/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

593 588 746

- Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	MONESI, PATRICK	805 W. BROWARD BLVD.	FORT LAUDERDALE FL 33312
D	MERRELL, THOMAS	2090 DEER RUN SOUTH	CLEARWATER FL 33761

500003457385--2
-11/08/00--01062--021
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MONESI, PATRICK
805 W. BROWARD BLVD.
FORT LAUDERDALE FL 33312

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 10/13/00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/00)

242

**MOTO CYCO WORLD
925 W BROWARD BLVD
FT LAUDERDALE, FL 33312**

OCTOBER 13, 2000

**DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
409 EAST GAINES STREET
TALLAHASSEE, FL 32399**

TO WHOM IT MAY CONCERN:

AS PER MY TELEPHONE CONVERSTATION THIS MORNING WITH TYRONE, I HAD EXPLAINED TO HIM THAT WE HAD COMPLETED THIS FORM BEFORE AND THAT WE HAD MADE THE CHANGE TAKING THOMAS MERRELL OFF THE CORPORATION INFORMATION. ENCLOSED IS A SECOND COMPLETED FORM AS YOU REQUESTED ALONG WITH A CHECK FOR \$150.00 AS YOU STATED. WE ARE ASKING THAT THE LATE FILING FEE BE WAIVED DUE TO THE FACT THAT THE FIRST NOTICE WAS THERE IN PLENTY OF TIME. SHOULD YOU HAVE ANY QUÊSTIONS FEEL FREE TO CALL ME AT 954 728 9181.

THANKING YOU IN ADVANCE FOR YOUR TIME AND HELP.

SINCERELY


PATRICK MONESI PRESIDENT