

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P99000097542

FILED  
Oct 06, 2006  
Secretary of State

**Entity Name:** TREASURE COAST HARLEY-DAVIDSON OF STUART, INC.

**Current Principal Place of Business:**

4967 S.E. FEDERAL HWY  
STUART, FL 34997

**New Principal Place of Business:**

**Current Mailing Address:**

1 SOUTH CHURCH ST  
C/O FRANK ORLANDO  
HAZLETON, PA 18201

**New Mailing Address:**

4967 S.E. FEDERAL HWY  
STUART, FL 34997

**FEI Number:** 59-3610255

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ORLANDO, FRANK P  
1971 DORY CT  
NAPLES, FL 34109 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: FRANK P. ORLANDO

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: LABAR, JAMES C  
Address: 200 BUSINESS PARK CIRCLE, SUITE 101  
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: PS ( ) Delete  
Name: LABAR, JAMES C  
Address: 200 BUSINESS PARK CIRCLE, SUITE 101  
City-St-Zip: ST. AUGUSTINE, FL 32095

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: LABAR, JAMES C  
Address: 4967 SE FEDERAL HWY  
City-St-Zip: STUART, FL 34997

Title: PS (X) Change ( ) Addition  
Name: LABAR, JAMES C  
Address: 4967 SE FEDERAL HWY  
City-St-Zip: STUART, FL 34997

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES C LABAR

D

10/06/2006

Electronic Signature of Signing Officer or Director

Date