

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION  
REINSTATEMENT**



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

FILED

02 APR 22 AM 10:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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-05/09/02--01041--004  
\*\*\*\*450.00 \*\*\*\*450.00

DOCUMENT # **S50055**  
1. Corporation Name **LAUDERDALE CYCLERY**  
**830 EAST OAKLAND PART #126**  
**FORT LAUDERDALE, FL 33334**

2. Principal Office Address <b>830 E. OAKLAND #126</b>		3. Mailing Office Address <b>830 E. OAKLAND #126</b>	
Suite, Apt. #, etc. <b>#126</b>		Suite, Apt. #, etc. <b>#126</b>	
City & State <b>FORT LAUDERDALE, FLORIDA</b>		City & State <b>FORT LAUDERDALE, FLORIDA</b>	
Zip <b>33334</b>	Country <b>USA</b>	Zip <b>33334</b>	Country <b>USA</b>

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number <b>65-0281216</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name <b>GARY L. ORDELHEIDE</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>830 EAST OAKLAND PART #126</b>	
Suite, Apt. #, Etc. <b>#126</b>	
City <b>FORT LAUDERDALE</b>	State <b>FL</b>
	Zip Code <b>33334</b>

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 **Mary Z Ordelheide** Date **4-17-02**

REGISTERED AGENT MUST SIGN

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
<b>PRES</b>	<b>GARY L. ORDELHEIDE</b>	<b>830 E. OAKLAND #126</b>	<b>FORT LAUDERDALE</b>

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: **Mary Z Ordelheide** **GARY L. ORDELHEIDE** Date **4-17-02** Daytime Phone # **954-565-5961**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/01)

LAUDERDALE



CYCLERY INC.

4-17-02

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Hello:

I was ~~an~~ unaware that my corporation status was no more. I have not recieved any notices that there was a problem. One of my suppliers called me and told me that I had no corporation status. I had talked with someone from your office and they said to download the form I send a letter stating that no forms were sent for the year 2000. and to ask that the fees be waived. Thank you very much for your help. Enclosed is a check for \$150<sup>00</sup> %.

Mary 2 Ordelheide  
President