

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # S92632 1. Entity Name THE ULTIMATE BICYCLE COMPANY, INC.						FILED 05 OCT 20 PM 8:27 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 201 ALHAMBRA CIRCLE SUITE 601 CORAL GABLES, FL 33134 US				Mailing Address 201 ALHAMBRA CIRCLE SUITE 601 CORAL GABLES, FL 33134 US			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent LESTER, PAUL A. 201 ALHAMBRA CIRCLE SUITE 601 CORAL GABLES, FL 33134				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
8. 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. I am familiar with, and accept the obligations of registered agent.				4. FEI Number 65-0325735			
5. Certificate of Status Desired <input type="checkbox"/> Additional Fee Required				Applied For Not Applicable			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$750.00 After January 1, 2006, Fee will be \$900.00							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
DP LESTER, PAUL A. 201 ALHAMBRA CIRCLE, SUITE 601 CORAL GABLES, FL 33134				900060820039 10/20/05--01037--017 **750.00			
DVP GRUSKY, ELLIOTT 2001 S BAYSHORE DR #750 SAME COCONUT GROVE, FL 33133				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.							
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date _____ Daytime Phone # _____			