

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

RECEIVED AND FILED  
04 DEC 22 PH 6:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** *S99008*

**1. Corporation Name**

Lou's Bicycle Center, Inc.

8990 Seminole Blvd.

**2. Principal Office Address**  
8990 Seminole Blvd.

**3. Mailing Office Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**  
Seminole, Florida

**City & State**

**Zip**  
33772

**Country**  
USA

**Zip**

**Country**

**4. Date Incorporated or Qualified**  
To Do Business in Florida--1/1992

**5. FEI Number**  
59-3107112

**Applied For**  
Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT**

**7. Name and Address of Current Registered Agent**

**Name**  
Louis J. DeSio Jr.

**Street Address (P.O. Box Number is Not Acceptable)**  
12379 74th Avenue North

Suite, Apt. #, Etc.

**City**  
Seminole

**State**  
FL

**Zip Code**  
33772

700043582417  
12/22/04--01026--008 \*\*300.00

**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**

*[Signature]*

**Date** 12/20/04

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
Pres	Louis J. DeSio Jr.	12379-74th Avenue North	Seminole, FL 33772
Sec	Louis J. DeSio	1237974th Avenue North	Seminole, FL 33772

**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]* Virginia M. DeSio

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Date** 12/20/04

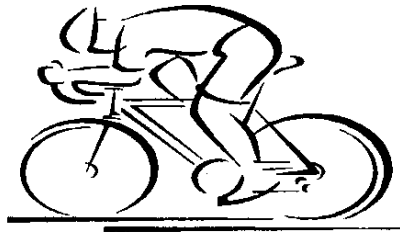
**(727)398-2453**

Date

Daytime Phone #

CR2E081 (01/04)

PO 272



Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Lou's Bicycle Center, Inc.  
8990 Seminole Blvd.  
Seminole, FL 33772  
(727) 398-2453

December 20, 2004

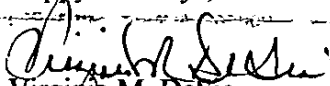
Subject: Corporate Reinstatement

To Whom It May Concern:

Our insurance carrier recently informed us that our corporation's annual report needed to be filed because it was currently inactive. I contacted your customer service department and was given instructions on reinstating our company. I included the fee for the years that were missed. To my knowledge, the reason this report was not submitted is because a notice for renewal was not received at our office. I was informed that because we did not receive any paperwork, a written request needed to be sent asking that the additional \$600.00 fee not be imposed on us. I was also informed that a reminder postcard would be sent in the future for annual report renewals.

Thank you very much for your consideration. I may be reached at (727) 398-2453 if you require any additional information.

Happy Holidays,

  
Virginia M. DeSio  
Corporate Secretary  
Lou's Bicycle Center, Inc.