PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

Dept 11/14/03 FILED
03 NOV 14 PM 2:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S99360

1. Corporation Name: MOTORCYCLE FREIGHT, INC.

11/20/03 01022 016 150.00

REINSTATEMENT 03

2. Principal Office Address	3. Mailing Office Address
P.O. BOX 1	P.O. BOX 1
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: EDGEWATER, FL	City & State: FL
Zip: 32132 County: VOLUSIA	Zip: 32132 Country: VOLUSIA

4. Date Incorporated or Qualified To Do Business in Florida: 1991

5. FEI Number: 650366791 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: RICK ROSEN

Street Address (P.O. Box Number is Not Acceptable): 4642 Riverwalk Village Ct.

Suite, Apt. #, Etc.:

City: Ponce Inlet State: FL Zip Code: 32127

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: _____ Date: 11/10/03

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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.	RICK B. ROSEN	P.O. BOX 1	EDGEWATER, FL 32132

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: RICK ROSEN PRES. 11/14/03 386 427-988

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

tr

December 10, 2001

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

Dear Tina:

Per our conversation today, here is a letter requesting to have MOTORCYCLE FREIGHT, INC., reinstated.
Here is the waiver letter you requested that you needed to waive the fee's to $150.00 due to wrong address. Did not receive prior notice.

If you have questions, please contact Rick Rosen at 386-427-5088 or 386-527-9614.

Thank you for you time today and for all your help.

Sincerely,

Rick Rosen, Owner
MOTORCYCLE FREIGHT, INC.