

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S99360

1. Corporation Name

MOTORCYCLE FREIGHT, INC.

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

11/20/03 01022016 150.00

2. Principal Office Address

P.O. Box 1

3. Mailing Office Address

P.O. Box 1

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

EDGEWATER, FL

City & State

FL

Zip

32132

Country

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

REGISTERED AGENT MUST SIGN

Date 12/10/03

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.
 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:

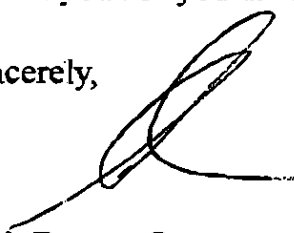
Per our conversation today, here is a letter requesting to have
MOTORCYCLE FREIGHT, INC., reinstated.

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.