

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2010 JUN 23 P 1:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # V31654

1. Corporation Name

HARLEY-DAVIDSON OF STUART, INC.

2. Principal Office Address - No P.O. Box #

4420 SW LAUREL OAK TERRACE

3. Mailing Office Address

4420 SW LAUREL OAK TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PALM CITY, FL

City & State

PALM CITY, FL

Zip

34990

Country

US

Zip

34990

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

04/27/1992

5. FEI Number

65-0370388

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

KENNETH SERAKAS

Street Address (P.O. Box Number is Not Acceptable)

4420 SW LAUREL OAK TERRACE

Suite, Apt. #, Etc.

City

PALM CITY

State

FL

Zip Code

34990

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 6/22/2010

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
DPT	KENNETH SERAKAS	4420 SW LAUREL OAK TERRACE	PALM CITY, FL 34990
DVS	KARIN SERAKAS	4420 SW LAUREL OAK TERRACE	PALM CITY, FL 34990

REINSTATEMENT  
2000-2010

10. E-mail Address: fraukarin@gmail.com

(To be used for future annual report notification)

11. 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, I further certify, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/22/2010

(772) 781-4420

Date

Daytime Phone #