

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


09 DEC 29 AM 10:17

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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12/29/09--01033--009 \*\*358.75

REINSTATEMENT

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N 06000002155

1. Corporation Name  
**Lakeland Storm Inc.**

2. Principal Office Address - No P.O. Box #  
**1842 Crystal Grove Dr.**

3. Mailing Office Address  
**PO Box 25151**

Suite, Apt. #, etc.

City & State  
**Lakeland, FL**

City & State  
**Lakeland, FL**

Zip Country  
**33801 US**

Zip Country  
**33802 US**

4. Date Incorporated or Qualified To Do Business in Florida **06/21/2006**

5. FEI Number **20-4269233**

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  
**Shanika M. Moody**

Street Address (P.O. Box Number is Not Acceptable)  
**1842 Crystal Grove Dr.**

Suite, Apt #, Etc.

City State Zip Code  
**Lakeland FL 33801**

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 *Shanika M. Moody* Date **12/18/2009**

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
P	Eric Moody	1842 Crystal Grove Dr	Lakeland, FL 33801
VP	Ronald Thorndike	509 Young Place	Lakeland, FL 33803
S	Laura Folds	3772 Pioneer Trail Blvd. E	Lakeland, FL 33810
T	Corey Barnes	5020 Williamstown Blvd.	Lakeland, FL 33810
D	Paul Clark	510 W 2nd St	Lakeland, FL 33805
D	Alejandro Velazquez	718 Powder Horn Row	Lakeland, FL 33809

10. E-mail Address: **shanikamoody@ymail.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: *Shanika M. Moody* **Shanika M. Moody** Date **12/18/2009** 863-808-8908

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