

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F95000000928**

1. Corporation Name

**GLOBAL ATMOSPHERICS, INC.**

APPROVED  
AND  
FILED

97 DEC -1 AM 11:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

% LIGHTNING LOCATION AND PROTECTION, INC.  
2705 E. MEDINA RD., SUITE 111  
TUSCON AZ 85706-7155

Mailing Address

% LIGHTNING LOCATION AND PROTECTION, INC.  
2705 E. MEDINA RD., SUITE 111  
TUSCON AZ 85706-7155



**REINSTATEMENT 99**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date incorporated or Qualified  
To Do Business in Florida

02/24/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

86-0785284

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
C	ITO, MASAYOSHI	2705 E. MEDINA RD.	TUSCON AZ 85706
PD	ZUMBUSCH, PATRICK J	2705 E. MEDINA RD.	TUSCON AZ 85706
SD	THATCHER, BRUCE	2705 E. MEDINA RD.	TUSCON AZ 85706
TD	SETO, KATSUHIKO	2705 E. MEDINA RD.	TUSCON AZ 85706
D	TAKAHASHI, SADA0	2705 E. MEDINA RD.	TUSCON AZ 85706

12/13

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
100002373481--6  
Suite, Apt. #, Etc. -12/16/97-01069-006  
City \*\*\*\*758.75 \*\*\*\*758.75  
State FL Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

By: William C. Bradford, Jr., V.P.

Date October 27, 1997

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for Information  
on intangible tax.)

12. 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)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

NOV-25-97 520-806-7300

CR2000 (8/97)