

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 NOV 27 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M83868

1. Corporation Name
TERROR, INC.

2. Principal Office Address

118 Palmetto

Suite, Apt. #, etc.

City & State

Destin, FL

Zip
32541

Country
Okaloosa

3. Mailing Office Address

P.O. Box 5192

Suite, Apt. #, etc.

City & State

Destin, FL

Zip
32540

Country
Okaloosa

000009237710
11/27/02--01035--005, **2433.75
REINSTATEMENT 89-02

**4. Date Incorporated or Qualified
To Do Business in Florida**

5-31-88

5. FEI Number 59-2900923

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

Andrea J. Lambert

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

118 Palmetto

Suite, Apt. #, Etc.

City

Destin

State
FL

Zip Code
32541

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

Andrea J. Lambert
REGISTERED AGENT MUST SIGN

Date 11/20/02

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.	Kenny E. Johnson	118 Palmetto	Destin, FL 32541

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:

Kenny E. Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/20/02

Date

(850) 837-6922

Daytime Phone #

CR2E081 (8/01)