

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 FEB 10 PM 12:10

**DOCUMENT # N04000010395**

1. Corporation Name

**THUNDER & LIGTHING MC INC**

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

**14421 NW 13 Court**

Suite, Apt. #, etc.

3. Mailing Office Address

**1190 NE 196 Terrace**

Suite, Apt. #, etc.

City & State

**Miami, FL**

City & State

**Miami, FL**

Zip

**33167**

Country

**USA**

Zip

**33179**

Country

**USA**

400167536484

2/10/10 01034 004 \$78.75

1/29/10 01027 024 \$236.25

4. Date Incorporated or Qualified  
To Do Business in Florida

**November, 2004**

5. FEI Number

**050612372**

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

**Daphney Joseph**

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

**14421 NW 13 Court**

Suite, Apt. #, Etc.

City

**Miami**

State

**FL**

Zip Code

**33167**

☒ 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

REGISTERED AGENT MUST SIGN

Date **2/6/2010**

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
P/D/	Daphney Joseph	14421 NW 13 Court	Miami, FL 33167
V/D/	Tony Williamson	14401 NW 13 Court	Miami, FL 33167
T/D/	Yolanda Copeland	18741 NW 24 Court	Pembroke Pines, FL 33029
S/D/	Cathy Berrain	155 NE 191 Street	Miami, FL 33179
M/D/	Kathy Garland	1190 NE 196 Terrace	Miami, FL 33179

10. E-mail Address: **dshiez2000@yahoo.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:

**DAPHNEY JOSEPH**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/6/2010**

Date

**786-281-6156**

Daytime Phone #

**REINSTATEMENT**

06-10 KS