

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**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.

Suite, Apt. #, etc.

City & State

Lakeland, FL

City & State

Lakeland, FL

Zip

33801

Country

US

Zip

33802

Country

US

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

Lakeland

State

FL

Zip Code

33801

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

REGISTERED AGENT MUST SIGN

Date 12/18/2009

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Shanika M. Moody

12/18/2009 863-808-8908

Date

Daytime Phone #

FILED

09 DEC 29 AM 10:17

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

200164031212
12/29/09--01033--009 **358.75

REINSTATEMENT

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

☐ 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.