

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 NOV 12 PM 2:06

DOCUMENT # N06000011826

1. Corporation Name

Twin Thunder, Inc.

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

1734 Gallahadion Ct

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Same

Zip

32218

Country

Unal

Zip

Same

Country

USA

CR2E0B1 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

☐ 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

Joseph L. Trottie, III

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

1734 Gallahadion Ct

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32218

400187501394
11/05/10--01002--012 **245.00

2010

DL 11.12.10

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

Joseph L. Trottie, III

REGISTERED AGENT MUST SIGN

Date 10/25/10

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	Joseph L. Trottie, III	1734 Gallahadion Ct	Jax. FL 32218
VP	Ray Jackson	1272 Summer Field Ct	JAX FL 32073
Treas.	Stewart Jackson	1427 Summit Oak Drive	JAX FL 32223
COOR.	Stanley Touts	261 Porta Rosa Cv	St. Augustine FL 32092
Rec.	Jason Jackson	55058 Bear Run Road	Collohon FL 32001

10. E-mail Address:

JTrottie@JtaFla.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:

Joseph L. Trottie, III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

25 Oct 10

Date

904-343-1759

Daytime Phone #