

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 OCT 27 PM 1:36

DOCUMENT # N09000006237

1. Corporation Name

ROLLING THUNDER, INC. CHAPTER 2 FLORIDA

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

15019 6TH STREET

Suite, Apt. #, etc.

City & State

BOKEELIA FL

Zip

33922

Country

US

3. Mailing Office Address

15019 6TH STREET

Suite, Apt. #, etc.

City & State

BOKEELIA FL

Zip

33922

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

10/22/1999

5. FEI Number
22-3672391

☐ 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

DANNY HURLEY

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

15019 6TH STREET

Suite, Apt. #, Etc.

City

BOKEELIA

State

FL

Zip Code

33922

REINSTATEMENT 2010

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

Danny Hurley
REGISTERED AGENT MUST SIGN

Date 10/20/2010

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	DANNY HURLEY	15019 6TH STREET	BOKEELIA, FL 33922
V-P	PAUL DUBUGUE	5206 ELM COURT	CAPE CORAL, FL 33904
T	SHARON HURLEY	15019 6TH STREET	BOKEELIA, FL 33922
C	RICHARD SANTORICO	3907 SW 25TH COURT	CAPE CORAL, FL 33914
B	JACK TATE	4020 SE 1ST PLACE	CAPE CORAL, 33904
S	SHARON HURLEY	15019 6TH STREET	BOKEELIA, FL 33922

10. E-mail Address: ISLANDAN4@AOL.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:

Danny Hurley

10/20/2010

239-823-4249

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #