

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 MAY -8 PM 4:38

DOCUMENT # N24457

1. Corporation Name

Tampa Bay Junior Lightning, Inc

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

13940 I.C.O.T. Blvd

Suite, Apt. #, etc.

City & State

Clearwater, FL

Zip

33623-4632

Country

USA

3. Mailing Office Address

P.O. Box 17524

Suite, Apt. #, etc.

City & State

Clearwater, FL

Zip

33762

Country

USA

000128802090

05/08/08--01010--031 **551.25

REINSTATEMENT

03-08

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

01-22-1988

5. FEI Number

592846283

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

Robert Moorhead

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

3250 NICKS PLACE

Suite, Apt. #, Etc.

City

Clearwater

State

FL

Zip Code

33761

☐ 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

[Signature]

Date 04-20-08

REGISTERED AGENT MUST SIGN

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 | John Tucker | 19839 MICHIGAN ODESSA, FLORIDA | ODESSA, FL 33558 |
| VP | Robert Moorhead | 3250 NICKS PLACE Clearwater, FL 33761 | Clearwater, FL, 33761 |
| T | Robert Pergolizzi | 9737 135th Street Seminole, FL 33776 | Seminole, FL 33776 |
| S | Lorraine Hoffberg | 1743 Hulet DR. | Brandon, FL 33511 |
| | | | |
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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 contained in Chapter 119, 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:

[Signature]

Robert Pergolizzi

5/2/08

727 524-1818

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Treasurer

Slizaw