

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P00000095132

1. Corporation Name

LIGHTNING CORP.

2. Principal Office Address

6451 Eastpointe Pines Street

3. Mailing Office Address

222 Lakeview Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 950

City & State

Palm Beach Gardens, FL

City & State

West Palm Beach, FL

Zip

Country

33418

United States

Zip

Country

33401

United States

4. Date Incorporated or Qualified
To Do Business in Florida

October 9, 2000

5. FEI Number

65-1047025

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

Ronald S. Kochman

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

222 Lakeview Avenue

Suite, Apt. #, Etc.

Suite 950

City

West Palm Beach

State

FL

Zip Code

33401

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

1

REGISTERED AGENT MUST SIGN

Date

11/16/01

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, V, S, T & D	Annette Ostrow	6451 Eastpointe Pines Street	Palm Beach Gardens, FL 33418
V	Barnet Ostrow	6451 Eastpointe Pines Street	Palm Beach Gardens, FL 33418

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 under section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Annette Ostrow

Date

October 24, 2001

Daytime Phone #