

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 JUL 25 PM 2: 23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000114566**

1. Corporation Name

Lightning Access, Inc.

500006981705--9

-08/08/02--01078--008

****300.00 ****300.00

2. Principal Office Address

RT 1 Box 927

3. Mailing Office Address

RT 1 Box 927

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Mayo, FL

City & State

Mayo, FL

Zip

32066

Country

Lafayette

Zip

32066

Country

Lafayette

4. Date Incorporated or Qualified
To Do Business in Florida

12/11/2000

5. FEI Number

NONE

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 E Marken Jr.

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

RT 1 Box 927

Suite, Apt. #, Etc.

City

Mayo

State

FL

Zip Code

32066

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

7/23/02

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
DPST	Richard E Marken Jr.	RT 1 Box 927	Mayo, FL 32066
D	Richard E Marken Sr.	RT 1 Box 927	Mayo, FL 32066

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/24/02

Daytime Phone #

386-362-2630