

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV 17 PM 3:35

DOCUMENT # P02000003794

1. Corporation Name

Storm Network International, Inc.

2. Principal Office Address

13603 West Hillsborough

Suite, Apt. #, etc.

City & State

Tampa, Florida

Zip

33635

Country

USA

3. Mailing Office Address

13603 West Hillsborough

Suite, Apt. #, etc.

City & State

Tampa, Florida

Zip

33635

Country

USA

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

1/11/02

5. FEI Number

03-0384447

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

Richard Vanderwiede

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

114 Rue Des Chateaux

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

34688

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

Richard Vanderwiede

REGISTERED AGENT MUST SIGN

Date November 12, 2003

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/S/T/D	Richard Vanderwiede	13603 W. Hillsborough Avenue	Tampa, FL 33635

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:

Richard Vanderwiede

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-12-03

Daytime Phone #

813-925-3880

CR2E081 (10/02)



212
13603 West Hillsborough Ave
Tampa, FL 33635
813-925-3880
Fax: 813-925-3890

November 12, 2003

Florida Secretary of State
Reinstatement Division
Tallahassee, Florida

Re: Storm Network International, Inc.

Dear Sir or Madam:

We hereby request that the Florida Secretary of State file our corporation's Reinstatement and waive the late filing fee.

We have recently moved our offices from Palm Harbor, Florida to Tampa, Florida, and were checking the records for this entity to change the corporation's name and update the address with your records and realized that we never received this entity's Uniform Business Report while at the Palm Harbor address.

Thank you for your consideration in this matter.

Sincerely,

A handwritten signature in dark ink, appearing to read "Richard Vandewiede", is written over the word "Sincerely".

Richard Vandewiede
President