

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000054914

1. Entity Name  
THUNDER CORPORATION OF SEBRING



FILED

05 NOV -3 PM 5:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
3801 YOUTH CARE LANE, LOT 68  
SEBRING, FL 33870 US

Mailing Address  
3801 YOUTH CARE LANE, LOT 68  
SEBRING, FL 33870 US

2. Principal Place of Business  
4015 KEARLY AVE  
Suite, Apt. #, etc.

3. Mailing Address  
4015 KEARLY AVE  
Suite, Apt. #, etc.

City & State  
Sebring, FL  
Zip  
33875  
Country  
Highlands

City & State  
Sebring, FL  
Zip  
33875  
Country  
Highlands

10102005 REIN-P CR2E098 (6/04)

4. FEI Number  
55-0863463  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEREIRA, JOSEPH A JR.  
10300 SW 72 ST.  
470J  
MIAMI, FL 33173

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
FL Zip Code

8. The above named entity submits this the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the oblig of the registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00  
After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PST  
STURGILLE, MICHAEL  
4015 KEARLY AVE.  
SEBRING, FL 33875 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
STURGILLE, MICHAEL  
4015 KEARLY AVE.  
SEBRING, FL 33875 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition  
500061140995  
11/03/05--01045--005 \*\*\$150.00

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-13-05

Date

Daytime Phone #

863-414-0010