

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 NOV 21 PM 1:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000107244

1. Corporation Name

LIGHTNING MESSENGER SERVICE, INC.

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

5130 W. FLAGLER ST.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

STE: 7

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

Zip

33134

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/01/2005

5. FEI Number

☒ 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
AMARILYS DOMINGUEZ

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

5130 W. FLAGLER ST

Suite, Apt. #, Etc.

STE: 7

City

MIAMI

State

FL

Zip Code

33134

☒ 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

Amarilis Dominguez

REGISTERED AGENT MUST SIGN

Date

[Signature]

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/D | AMARILYS DOMINGUEZ | 5130 W. FLAGLER ST., STE: 7 | MIAMI, FL 33134 |
| V/D | ALDRIN PITA | 5130 W. FLAGLER ST., STE: 7 | MIAMI, FL 33134 |
| | | | |
| | | | |
| | | | |
| | | | |

REINSTATEMENT

06-07

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:

Amarilis Dominguez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ECFS

EXPRESS CORPORATE FILING SERVICE, INC
1000 PONCE DE LEON BLVD., STE: 101
CORAL GABLES, FL 33134
PH: (305)444-4994 FAX: (305)444-4977

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. LIGHTNING MESSENGER SERVICE, INC.
(Corporation Name) (Document #)
2. _____ P05000107244
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☒ Pick up time ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

| NEW FILINGS | |
|--------------------------|-------------------|
| <input type="checkbox"/> | Profit |
| <input type="checkbox"/> | NonProfit |
| <input type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Domestication |
| <input type="checkbox"/> | Other |

| AMENDMENTS | |
|--------------------------|--|
| <input type="checkbox"/> | Amendment |
| <input type="checkbox"/> | Resignation of R.A., Officer/ Director |
| <input type="checkbox"/> | Change of Registered Agent |
| <input type="checkbox"/> | Dissolution/Withdrawal |
| <input type="checkbox"/> | Merger |

| OTHER FILINGS | |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report |
| <input type="checkbox"/> | Fictitious Name |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/ QUALIFICATION | |
|-------------------------------------|---------------------|
| <input type="checkbox"/> | Foreign |
| <input type="checkbox"/> | Limited Partnership |
| <input checked="" type="checkbox"/> | Reinstatement |
| <input type="checkbox"/> | Trademark |
| <input type="checkbox"/> | Other |

RECEIVED
07 NOV 21 AM 10:52
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Examiner's Initials