

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 NOV 30 PM 12:51

DOCUMENT # P06000135181

1. Corporation Name

STORM WARNING GENERATOR SERVICES,
INC.

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

216 WEST BAY CEDAR CIRCLE (Same)

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

JUPITER FL

City & State

Zip

33458

Country

USA

Zip

33458

Country

USA

200163184282

11/30/09--01047--009 **300.00

REINSTATEMENT 08-09

4. Date Incorporated or Qualified
To Do Business in Florida

10/24/2006

5. FEI Number

205771175

☐ 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

JOSEPH RICHARD WARNE

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

216 WEST BAY CEDAR CIRCLE

Suite, Apt. #, Etc.

City

JUPITER

State

FL

Zip Code

33458

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]

REGISTERED AGENT MUST SIGN

Date 11/24/2009

☒ 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.

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
<u>Pres</u>	<u>JOSEPH R WARNE</u>	<u>216 WEST BAY CEDAR CIRCLE</u>	
<u>V-Pres</u>	<u>STEPHANIE F WARNE</u>	<u>216 WEST BAY CEDAR CIRCLE</u>	
			<u>JUPITER FL</u>
			<u>33458</u>

10. E-mail Address:

J The Pitch @ Bed South Net

(To be used for future annual report notification)

11. I certify that I am an officer or director of 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, I further certify, 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

11/24/09 561-348-0911

Date

Daytime Phone #