

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
09 FEB 19 AM 11:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P07 0000 87733

1. Corporation Name

Rolling Thunder Entertainment Corporation

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

4 Wampanoag Drive

Suite, Apt. #, etc.

City & State

Fairhaven Ma.

Zip

02719

Country

3. Mailing Office Address

4 Wampanoag Drive

Suite, Apt. #, etc.

City & State

Fairhaven Ma.

Zip

02719

Country

4. Date Incorporated or Qualified  
To Do Business in Florida 11/30/2004

5. FEI Number  
22 396 7125

☒ 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 A. Bob Mahaney  
WALTER NORDELLA  
Street Address (P.O. Box Number is Not Acceptable) 21 Dogwood Course  
4 WAMPAANOAG DRIVE  
Suite, Apt. #, Etc.

City FAIRHAVEN State MA Zip Code 02719

☒ 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

Walter Nordella Robert A. Mahaney

Date 10/17/2008

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
Pd.S	Walter Nordella	4 Wampanoag Drive	Fairhaven Ma 02719
#7	WALTER NORDELLA	//	//

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:

Walter Nordella WALTER NORDELLA 10/17/2008 774-202

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/23/09