PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

P93000036631

1. Corporation Name

THUNDER ROAD, INC.

Principal Place of Business

Mailing Address

FILED 96 SEP 24 PH 3: 08 SECRETARY OF STATE TALLAHASSEE, FLORIDA



| 117 SE 3RD AVE MIAMI FL 33131 | | | 117 SE 3RD AVE MIAMI FL 33131 | | | | | |
|--|--|---|---|--|--|---------------------------------------|---|--|
| If above addresses are incorrect in any way, line through incorrect information and enter correction belo New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable | | | | | 4. Date Incorporated or Qualified To Do Business in Florida 05/20/1993 | | | |
| Suite, Apt #, | etc. | Suite, Apt. | Suite, Apt. #, etc. | | | 5. FEI Number Applied For | | |
| City & State | | City & Stat | 60 | | | 65-0565302 | Not Applicable | |
| Zφ | Country | Ζφ | Cou | ntry | - 6. CERTIFICA | TE OF STATUS DESIRED | 8.75 Additional Fee regulred for a Certificate of Status | |
| 7. Names an | nd Street Addresses of Each Office | cer and/or Director (F | lorida nonprofit corpo | orations must list at I | east 3 directors) | | PHILIPPER IIII III III III III III III III III | |
| Title(s) | Name of Officers and/or Directors 2 | | Streel Address of Ear Officer and/or Direct 3 (Do NOT Use Post Office Box | | City / State / Zip | | | |
| } | DAVIS, KAREN | | 117 SE 3RD AVE | | | MIAMI FL | | |
| | | | | | | -10/15/96- -10/15/96- ****800.0 | 31763 -01007015 0_****200.00_ | |
| | | | | 7 | 7. le Das | MWB 9-24-96 MR-Rein web. | statement Zee | |
| | | | 1 | <i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i> | | · · · · · · · · · · · · · · · · · · · | | |
| Name and Address of Current Registered Agent | | | | 9. Name and Address of New Registered Agent Name | | | | |
| | KAREN | | | Street Address (P.O. Box Number Is Not Acceptable) | | | | |
| 117 SE 3RD AVE MIAMI FL 33131 | | | | | · · · | | | |
| MINMI EL 33131 | | | | Suite, Apt. #, Et | IC. | | | |
| | / / | . 0 | | City | | Ste | ite Zip Code | |
| Signature of Registered Ag | gent / XV | Max REGISTERED A | 7 AGENT MUST SIGN | | | tion 607.0505, F.S. Date | 19/96 | |
| 11. Doe Dep | es this corporation pot. of Revenue unde | pay any intan er S. 199.032 | gible tax to t 2, Florida Sta | he itutes. Yes | s □ No/ | | side for information angible tax.) | |
| this reinsta owed by the on this ap | at I am an officer or director or thatement application, the reason fine corporation have been paid application is true and accurate, an | or dissolution has bee nd the names of Indiv | en eliminated, the cor viduals listed on this f | porate name satisfie orm do not qualify fo | es the requirement or an exemption ur | s of section 607,0401 or 617 | 0401. F.S., that all fees | |
| SIGNATL | JRE: SIGNATURE AND TYPED | ON MAINTED NAME OF | F SIGNING OFFICES OF | R DIRECTOR. | AU15 | Date | Daytime Phone # | |