

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED

98 JUL 27 PM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P9400001 0990

1. Corporation Name

THUNDER RANCH INC.

Mailing Address

Principal Place of Business

950 B Honey Tree Lane
Wellington, FL 33414

950 B Honey Tree Lane
Wellington, FL 33414

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable

3. New Principal Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

February 4, 1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

59-3324092

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	Debra Reeser	950 B Honey Tree Lane	Wellington, FL 33414
P	MICHAEL P. ELLSWORTH	950 B HONEY TREE LANE	Wellington, FL 33414

REINSTATEMENT 97-98
SL 1-27-98

600002599636-8
-07/27/98 -01115-001
***1059.75 ***1050.00

8. Name and Address of Current Registered Agent

~~Daniel A. Modas~~
~~1001 S. Andrews Avenue, Suite 102~~
~~Ft. Lauderdale, FL 33335~~

9. Name and Address of New Registered Agent

Name MICHAEL P. ELLSWORTH
Street Address (P.O. Box Number is Not Acceptable)
950 B. HONEY TREE LN
Suite, Apt. #, Etc.
City Wellington FL
State FL Zip Code 33414

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Michael P. Ellsworth
REGISTERED AGENT MUST SIGN

Date 10 July 98

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

Michael P. Ellsworth
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10 Jul 98 (561) 753-9711
Date Daytime Phone #