

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

10 SEP 21 PM 3:43

DOCUMENT # P94000026358

1. Corporation Name

Lightning Electric of Central FL

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

2463 Regent Street

Suite, Apt. #, etc.

City & State

Orlando FL

Zip

32804

Country

USA

3. Mailing Office Address

2463 Regent Street

Suite, Apt. #, etc.

City & State

Orlando FL

Zip

32804

Country

USA

100185670561
09/21/10--01002--009 **750.00
REINSTATEMENT 2010

K3

4. Date Incorporated or Qualified
To Do Business in Florida 1994

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

Sirous Ghanimati

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

(C/O: Law office of F. Waczewski) 4700 Millenia Blvd

Suite, Apt. #, Etc.

175

City

Orlando FL

State

FL

Zip Code

32839-6006

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

REGISTERED AGENT MUST SIGN

Date 09/10/2010

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
CEO	Sirous Ghanimati	4700 Millenia Blvd#175	Orlando FL 32839

10. E-mail Address: info@leocf.com

(To be used for future annual report notification)

11. 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. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/10/2010

Date

Daytime Phone #