

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 30 PM 4:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000050336

1. Corporation Name

LIGHTNING SERVE, INC.

Principal Place of Business

5303 S. MACDILL AVE.  
TAMPA FL 33611

Mailing Address

P.O. BOX 23907  
TAMPA FL 33622

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

06/27/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3322848

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. 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 3	City / State / Zip 4
<del>P</del>	<del>ECHEVARRIA, MICHAEL</del>	<del>9119 CORPORATE LAKE DR STE 500</del>	<del>TAMPA FL 33604</del>
P	Strady, Scott	5303 S. Macdill Ave.	Tampa FL 33611

000008696850

10/30/02--01043--022 \*\*150.00

*PRUB*

CR2040 (8/02)

8. Name and Address of Current Registered Agent

ECHEVARRIA, MICHAEL J  
9119 CORPORATE LAKE DR  
STE 500  
TAMPA FL 33634

9. Name and Address of New Registered Agent

Name

Strady, Scott

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

5303 S. Macdill Ave

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33611

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. or 617.0505, F.S.

Signature of  
Registered Agent

~~SIGNATURE REQUIRED~~

REGISTERED AGENT MUST SIGN

Date

10-28-02

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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:

~~SIGNATURE REQUIRED~~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-28-02

Daytime Phone #

813-877-2844

Lightning Serve, Inc.  
PO Box 23907  
Tampa FL 33622

October 25, 2002

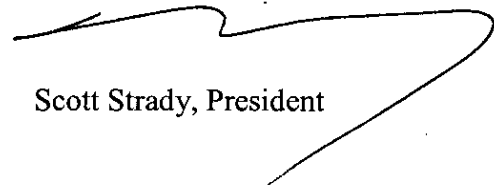
Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee FL 32314-6327

RE: Waiver of Reinstatement Fee

To Whom It May Concern:

This letter is to confirm that no prior UBR Notices have been received with regards to Lightning Serve Inc. Please accept the following reimbursement as payment in full.

Sincerely

A handwritten signature in black ink, appearing to read 'Scott Strady', with a long, sweeping horizontal stroke extending to the right.

Scott Strady, President