

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 # **P95000087394**

1. Corporation Name

THUNDERBOAT RENTALS, INC.

Principal Place of Business

~~13975 N.W. 67TH AVENUE~~
~~MIAMI LAKES FL 33015~~

Mailing Address

~~13975 N.W. 67TH AVENUE~~
~~MIAMI LAKES FL 33015~~

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

2. New Principal Office Address, If Applicable

3100 E. Oakland PK Blvd.
Suite, Apt. #, etc.

City & State

FT. Lauderdale, FL

Zip

33308

Country

USA

3. New Mailing Office Address, If Applicable

6278 N. Federal Highway
Suite, Apt. #, etc.

Suite 115

City & State

FT. Lauderdale, FL

Zip

33308

Country

USA

FILED

97 JUN 30 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

96-97

4. Date Incorporated or Qualified
To Do Business In Florida

11/15/1995

5. FEI Number

65-0619641

Applied For

Not Applicable

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
P/T/S Director	Lysa Romonyski	6278 N. Federal Highway Suite 115	FT. Lauderdale, FL 33308

8000002230619-9
-07/03/97-01129-013
*****15.00 *****15.00

96-97

8. Name and Address of Current Registered Agent

RYAN, JOSEPH B III
13975 N.W. 67TH AVENUE
MIAMI LAKES FL 33015

9. Name and Address of New Registered Agent

Name

Joseph B. Ryan III

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

250 Bird Rd.

Suite, Apt. #, Etc.

216

City

Coral Gables

State

FL

Zip Code

33146

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

Joseph B. Ryan III

REGISTERED AGENT MUST SIGN

Date **10/23/96**

11. 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.)

12. 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:

Lysa M. Romonyski Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 1st 1997
Date

(954)
566-3278
Daytime Phone #