

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR 98-99
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000034581

1. Corporation Name

STORMNET, INC.

Principal Place of Business

2727 W FLETCHER AVE #160
TAMPA FL 33618

Mailing Address

2727 W FLETCHER AVE #160
TAMPA FL 33618

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

2. New Principal Office Address, If Applicable

1706 S. HABANA AVE.

Suite, Apt. #, etc.

City & State

TAMPA, FLORIDA

Zip 33629

Country

USA

3. New Mailing Office Address, If Applicable

1706 S. HABANA AVE.

Suite, Apt. #, etc.

City & State

TAMPA, FLORIDA

Zip 33629

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/16/1997

5. FEI Number

593448326

☒ 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)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4 City / State / Zip |
|---------------|---|--|-------------------------------------|
| D | ASHTARI, HAMID | 2727 W FLETCHER AVE #160 2403 CATTLEMAN DR. | TAMPA FL 33618 BRANDON, FL 33511 |
| D | HART, RICHARD E | 304 VALENCIA CT N | PLANT CITY FL 33567 |
| D | WERTZ, HEATHER E | 40817 ROUNDVIEW LANE 1706 S. HABANA AVE | TAMPA FL 33624 TAMPA, FL 33629 |
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| | | | |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

ASHTARI, HAMID
2727 W FLETCHER AVE #160
TAMPA FL 33618

9. Name and Address of New Registered Agent

Name HEATHER WERTZ
Street Address (P.O. Box Number is Not Acceptable)
1706 S. HABANA AVE.
Suite, Apt. #, Etc.
City TAMPA
State FL
Zip Code 33629

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

Heather E. Wertz
REGISTERED AGENT MUST SIGN

Date 6/16/99

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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:

Heather E. Wertz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/16/99 (813) 253-5311
Date Daytime Phone #



REINSTATEMENT 98-99

FILED

99 JUN 21 PM 1:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA