

Apr-28-99 10:35A MF&W/SANDAGER, CPAs

PLEASE READ ALL INSTRUCTIONS BEFORE CO

FILED

May 10 1999 8:00am
Secretary of State

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

DOCUMENT # P97000089539 ✓

1. Corporation Name

STEEL THUNDER, INC.

Principal Place of Business

Mailing Address

88 HICKORY ROAD
HOLLYWOOD FL 33021

88 HICKORY ROAD
HOLLYWOOD FL 33021

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/17/1997

5. FEI Number

65-0787731

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

Do not check unless required by statute.

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
PSTD	SAVIR, ELAN	88 HICKORY ROAD	HOLLYWOOD FL 33021

8. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

ELAN SAVIR

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

88 HICKORY ROAD

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33021

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 507.5505, F.S.

Signature of Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

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 507, 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 507.0401 or 507.0401, 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)(b), 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99

Daytime Phone #

518