

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1

APPLICATION
FOR
REINSTATEMENT



98-99-A12

DOCUMENT # P97000091523

1. Corporation Name

LIGHTNING SYSTEMS, INC.

Principal Place of Business

3102 CHERRY PALM DRIVE
TAMPA FL 33619

Mailing Address

3102 CHERRY PALM DRIVE
TAMPA FL 33619

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

2. New Principal Office Address, If Applicable

Suite, Apt #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt #, etc.

City & State

Zip

Country

4. Date Incorporated
To Do Business in Florida

10/22/1997

5. FEI Number

To BE APPLIED FOR

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
PSTD	DAVIES, ALAN B	3102 CHERRY PALM DRIVE SUITE # 145	TAMPA FL 33619

400002814204--6
-03/22/99--01140--007
****300.00 ****300.00

208
3/15/99

8. Name and Address of Current Registered Agent

DAVIES, ALAN B
3102 CHERRY PALM DRIVE
TAMPA FL 33619

9. Name and Address of New Registered Agent

Name

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

Suite, Apt #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date 03-09-99

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)
NOT YET TRANSFERRED

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-09-99 (813) 621-8001 x22

LIGHTNING SYSTEMS INC.

(2)

3102 CHERRY PALM DRIVE • SUITE 145 • TAMPA • FL. 33619
TEL: (813) 621-8001 FAX: (813) 622-8229
<http://www.lightning.com> e-mail: sterlingint.com

Andy Dunlap Esq.
Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee FL 32314-6327

Dear Andy,

Lightning Systems Inc.

This letter follows my telephone conversation with yourself recently - and I have also enclosed the check for \$300 which you instructed me to forward with the letter.

We received a "Notice of Administrative Dissolution or Revocation" recently but **never received the previous form for our annual filing** with your office. I suspect that the document was not delivered to us by the Post Office as there is no sign on the building for "Lightning Systems".

Please rectify this problem for us at your end - it is tough enough trying to start a company as it is. I have ordered a sign for the building to prevent the problem occurring again - and it should be delivered in about 4 weeks time.

Regards,


Alan B. Davies
