

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ATX1

**CORPORATION  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 DEC 10 AM 9:49

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT # P97000105978**

1. Corporation Name

SOUTHERN THUNDER INC

2. Principal Office Address

9380 118TH TERRACE NORTH

Suite, Apt. #, etc.

3. Mailing Office Address

9380 118TH TERRACE NORTH

Suite, Apt. #, etc.

City & State

LARGO, FL

City & State

LARGO, FL

Zip

Country

Zip

Country

33773

33773

4. Date Incorporated or Qualified  
To Do Business in Florida

12/16/1997

5. FEI Number

59-3482124

Applied for

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

J M WINEBRENNER

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

3773 CENTRAL AVENUE

Suite, Apt. #, Etc.

City

ST PETERSBURG

State Zip Code

FL 33713

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

Date 12/5/2001

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / Street / Zip
Pres/D	Donald Morelock	9380 118th Terrace North	Largo FL 33773
VP/T/D	Blaise Sciarra Jr.	2636 Cedar View Court	Clearwater FL 33761
Secretary	Jean Morelock	619 90th Avenue North Apt. #2	St. Petersburg FL 33702

000004743100--2  
-12/28/01--01078--007  
\*\*\*\*758.75 \*\*\*\*758.75

10. 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

12/6/01

Date

(727) 422-2893

Daytime Phone #