

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000090494

1. Corporation Name

LIGHTNING ACCESS.NET, INC.

Principal Place of Business

628 SOUTH OHIO AVENUE
LIVE OAK FL 32060
US

Mailing Address

628 SOUTH OHIO AVENUE
LIVE OAK FL 32060
US

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

2. New Principal Office Address, If Applicable

RT. 1 Box 927

Suite, Apt. #, etc.

City & State

MAYO, FL

Zip

32066

Country

USA

3. New Mailing Office Address, If Applicable

RT. 1 Box 927

Suite, Apt. #, etc.

City & State

MAYO FL

Zip

32066

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/23/1998

5. FEI Number

65-0893386

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	4 City / State / Zip
PD	MARLER, RICHARD E JR	RT #1, BOX 927	MAYO FL 32066
STD	MARLER, RICHARD E JR	RT #1, BOX 927	MAYO FL 32066

400003484194--6
-12/04/00--01029--019
****750.00 ****750.00

8. Name and Address of Current Registered Agent

MARLER, RICHARD E JR
RT #1, BOX 927
MAYO FL 32066

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

Richard E. Marler SIGNATURE REQUIRED

Date 11-29-00

REGISTERED AGENT MUST SIGN

11. 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:

Richard E. Marler, Pres. SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-29-00

Date

904-3622250

Daytime Phone #

FILED

00 DEC -1 AM 10: 45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E040 (8/00)