2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P98000090494 1. Entity Name LIGHTNING ACCESS.NET, INC.							FILED 05 JUN 10 PH 12:18 SEGRETAL AND A TELEPHONE					
Principal Place of Business Mailing Address							აი ქქ	H M. Trial				
108 HOWARD STREET EAST			PO BOX 246				175					
LIV E OAK, FL	. 32064	US	LIVE OAK, FL 32064 US									
2. Principal Place of Business			3. Mailing Address							; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;		
Suite, Apt. #, etc.			Suite, Apt. #, etc.				06072005	REIN-P	CR2E09	98 (6/04)		
City & State			City & State				4. FEI Numbe 65-0893					
Zip	Zip Count		Zip	Countr		5. Certificate of Status Desired				\$8.75 Additional Fee Required		
	6. Name	and Address of Curren					7. Name and Address of New Registered Agent					
MARLER, RICHARD E JR						Name :						
504 2ND A	VENUE S		Stree			Address (P.O. Box Number is Not Acceptable)						
										T = 0 = 15		
						City FL Zip Code						
8. The above named early submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.												
1 MIII MIIII MIII MIIII MIII MIIII MIII MIII MIIII MIIIII MIIII MIIIII MIIII MIIII MIIII MIIII MIIII MIIII MIIII MIIIIII MIIII MIIII MIIII MIIII MIIII MIIII MIIII MIIII MIIII MIIIII MIIII MIIII MIIII MIIII MIIII MIIII MIIII MIIIII MIIIIII MIIIII MIIIII MIIIII MIIIII MIIIII MIIIII MIIIII MIIIII MIIIIII MIIIIII MIIIII MIIIII MIIIIII MIIIII MIIIII MIIIIII MIIIIII MIIIII MIIIII MIIIII MIIIII MIIIIII MIIIII MIIIII MIIIIII MIIIIIII MIIIIII MIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII												
SIGNATURE Signature-repeat finited name of replaced and she if applicable (NOTE: Registered Agent signature required when reinstatting) DATE												
FILE NOW!!! FEE IS \$300.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.										S., the otice.		
10.		OFFICERS AN	D DIRECTORS	11.			ADDITIONS/	CHANGES TO OFF	ICERS AND [IRECTORS	IN 11	
TITLE	PD	DICHARD E ID	Oelete	Oelete IIILE NAME			PD Addition					
NAME STREET ADDRESS	1	RICHARD E JR AV EN UE SE		STREET ADDRESS MO			arler, lichard E. Jr.					
CITY-ST-ZIP	JASPER,	FL 32052		Y-ST-ZIP	A = A + A + A + A + A + A + A + A + A +							
TITLE	STD	RICHARD E JR	☐ Delete	TITE NAM	LE .	STD	0 1	1 F TC		Change	Addition	
STREET ADDRESS		AVENUE SE					marler, Hickord - Jo. 1457 65th Dr. Live Oak, FL 32064					
CITY-ST-ZIP	JASPER,	FL 32052		Y-ST-ZIP	745	7 65"h D	r. Live O)ak, FL 32064				
TITLE	ļ		☐ Delete	TITL NAM					ı	☐ Change	Addition	
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CITY-ST-ZIP	ļ			CIT	Y-\$1-ZIP							
TITLE NAME			☐ Delete	TITU NAM						Change	Addition	
STREET ADDRESS					EET ADDRESS		40	000559 1/0501073	ອຍຸຊູ4	34		
CITY-ST-ZIP				_	Y-ST-ZIP		06/09	//05==01073				
NAME	}		☐ Delete	TITE						☐ Change	Addition	
STREET ADDRESS				STR	REET ADDRESS							
CITY-ST-ZIP	<u> </u>				Y-ST-ZIP						To Audition	
NAME			☐ Delete	TEET MAN		4		en di	U4-	CS	Addition	
STREET ADDRESS	,				REET ADDRESS			THE COLUMN				
CiTY-ST-ZIP	Cortify that th	e information supplied	ith this filing does not available		Y-SI-ZIP	tad in Ca	olion 110 07/0	i) Florida Chauss-	Liudher cod	tu that the '-	oformation.	
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 O7(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental apports true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trustee emberiered to execuse the report as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with all other life employered.												
SIGNATURE: #3/// //// 6/7/08 386-362-2630												
		SIGNATURE AND TYPED C	H PRINTED NAME OF SIGNING OFFICE	R OR DIREC	CTOR			Date	Dav	vtime Phone #		