

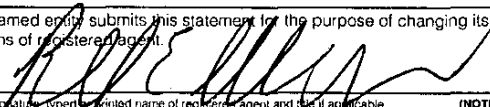
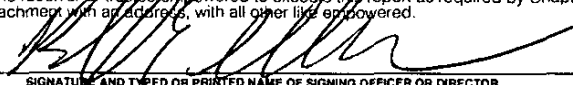


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P98000090494 1. Entity Name LIGHTNING ACCESS.NET, INC.						FILED 05 JUN 10 PM 12:13 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 108 HOWARD STREET EAST LIV E OAK, FL 32064 US				Mailing Address PO BOX 246 LIVE OAK, FL 32064 US			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country		Zip			
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent	
MARLER, RICHARD E JR 504 2ND AVENUE SE JASPER, FL 32052						Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>	
8. The above named entity 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. SIGNATURE:  DATE: 6/7/08 <small>Signature typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARLER, RICHARD E JR 504 2ND AVENUE SE JASPER, FL 32052 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Marler, Richard E Jr. 7457 65TH Dr. Live Oak FL 32064 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MARLER, RICHARD E JR 504 2ND AVENUE SE JASPER, FL 32052 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Marler, Richard E Jr. 7457 65th Dr. Live Oak, FL 32064 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports is 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 or trustee empowered to execute this 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 an address, with all other like empowered.							
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: 6/7/08 Daytime Phone #: 386-362-2630			