PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JUL 28 AM 8:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000005926

1. Corporation Name

THE STRAND COMMERCIAL ASSOCIATION, INC.

REINSTATEMENT 00-03

000021737890
07/23/03--01016--001 **420.00

2. Principal Office Address	**3.** Mailing Office Address
5645 Strand Blvd.	5645 Strand Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite 3	Suite 3
City & State	City & State
Naples FL	Naples FL
Zip / Country	Zip / Country
34110 / USA	34110 / USA

4. Date Incorporated or Qualified To Do Business in Florida 11/20/1996

5. FEI Number 59-3427432 ☐ 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: Leo J. Salvatori, Esq.

Street Address (P.O. Box Number is Not Acceptable): 4501 Tamiami Trail North

Suite, Apt. #, Etc.: Suite 300

City: Naples | State: FL | Zip Code: 34103

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 7/17/03

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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 / State / Zip
D	Bruce Nelson	770 Tarpon Cove Dr. #102	Naples FL 34110
D	Kirk Ware	530 Great Road	Acton MA 01720
D	Jackie Larson	5840 Strand Blvd.	Naples FL 34110

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: _____ JACKIE LARSON 7/18/03 239 592-7710

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

7/29