

**CORPORATION
REINSTATEMENT**

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

FILED

02 AUG 16 PM 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000051804

1. Corporation Name

STROMBUS CORPORATION

2000008025148--3
-09/25/02--01081--018
***900.00 ***900.00

REINSTATEMENT 01-02

2. Principal Office Address

1073 BUTTONWOOD DRIVE

Suite, Apt. #, etc.

3. Mailing Office Address

1073 BUTTONWOOD DRIVE

Suite, Apt. #, etc.

City & State

SUGARLOAF KEY, FL

City & State

SUGARLOAF KEY, FL

Zip

33042

Country

U.S.

Zip

33042

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

MAY 26, 2000

5. FEI Number

65-1011602

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

Additional Fee Required
for Certificate of Status

7. Name and Address of Current Registered Agent

Name

GERALD D. FRITZ

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

1073 BUTTONWOOD DRIVE

Suite, Apt. #, Etc.

City

SUGARLOAF KEY

State

FL

Zip Code

33042

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date Aug 14, 2002

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
DIR	GERALD D. FRITZ	1073 BUTTONWOOD DRIVE	SUGARLOAF KEY, FL 33042

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)(a), 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

Aug 14 2002

Date

305-849-1500

Daytime Phone #

CF325081 (9-00)