

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 18 AM 9:53

DOCUMENT # 470523

1. Corporation Name

STRATHMORE REALTY CORPORATION

Principal Place of Business

Mailing Address

4370 S TAMiami TRAIL
PO BOX 2078
SARASOTA FL 34231

4370 S TAMiami TRAIL
PO BOX 2078
SARASOTA FL 34231



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4370 S. Tamiami

4370 S. Tamiami

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Sarasota, FL

Sarasota, FL

Zip 34230

Country USA

Zip 34230

Country USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/26/1975

5. FEI Number

59-1576036

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
V	COLON, DORIS N	4370 S TAMiami	SARASOTA FL
DPST	PAVER, PAUL L.	4370 S TAMiami TRAIL	SARASOTA, FL 00000
✓	PAVER, DIANA	4370 S. Tamiami Trl.	Sarasota 34230

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PAVER, PAUL L.
4370 S TAMiami TRAIL
SARASOTA FL 34231

Name

DIANA Paver

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

4370 S. Tamiami

Suite, Apt. #, Etc.

Suite 242

City

Sarasota

State

FL

Zip Code

34231

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

DIANA Paver
REGISTERED AGENT MUST SIGN

Date

10/15/01

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Doris N. Colon
DORIS N. COLON

Date

(941) 922-3516

Daytime Phone #

CR2E040 (8/01)