PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS**

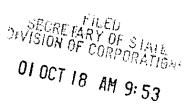
DOCUMENT #

1. Corporation Name

STRATHMORE REALTY CORPORATION

Principal Place of Business

Mailing Address



4370 S TAMIAMI TRAIL PO BOX 2078 SARASOTA FL 34231	4370 S TAMIA PO BOX 2078 SARASOTA FL					
4370 S. Taniami		3. New Mailing Office Address, If Applicable リ3구の S・Tらいるいに Suite, Apt. #, etc.		DETAILST ATEMENT 0 14 Date Incorporated or Qualified To Do Business in Florida 02/26/1975 5. FEI Number		
City & State Sand Soth, FI Zip 34230 Country	Zip	a sota 1 E1 230 Country USA	6.	59-1576036 - SE	Applied For Not Applicable 75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Flo Title(s) 1 Name of Officers and/or Directors V COLON, DORIS N		Street Address of Each Officer and/or Director 4370 S TAMIAMI		City / State / Zip SARASOTA FL		
DPST PAVER, PAUL L.	ST PAVER, PAUL L.		4370 S TAMIAMI TRAIL		SARASOTA, FL 00000	
V Paver Dian)a	4370 S. Tamie		Sanasota 40004657 -10/23/011 *****750.00	34235 '8643 01087012 *****750.00	
8. Name and Address of Current Registered Agent			9. Name and	9. Name and Address of New Registered Agent		
PAVER, PAUL L. 4370 S TAMIAMI TRAIL SARASOTA FL 34231			Name Di ANA Street Address (P.O. Box Number is Not Acceptable) 43 70 S · Tamianic Suite, Apt. #, Etc. SuiTt 242 City Sarasota State Zip Code FL 34232			
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						

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

SIGNATURE:

SIGNATURE AND TYPED OR RRINTED NAME OF SIGNING OFFICER OR DIRECTOR

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.