

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # J62675

1. Corporation Name

STRATEGIC VENTURES, INC.

Principal Place of Business

3816 W. LINEBAUGH AVE.  
STE. 408  
TAMPA FL 33624

Mailing Address

3816 W. LINEBAUGH AVE.  
STE. 408  
TAMPA FL 33624

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
DTP	MCCRIMMON THOMAS	3816 W LINEBAUGH AVE 408	TAMPA FL 33624
DSV	BERTRAM CUTLER	3816 W LINEBAUGH AVE 408	TAMPA FL 33624

8. Name and Address of Current Registered Agent

MCCRIMMON, THOMAS L  
3816 W. LINEBAUGH AVENUE  
408  
TAMPA FL 33624

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc

City

State

FL

Zip Code

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

Thomas M. Crimmon

REGISTERED AGENT MUST SIGN

Date 1-15-99

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information  
on intangible tax)

12. 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:

Thomas M. Crimmon Thomas M. Crimmon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-99

Date

813 960 0537

Daytime Phone #



REINSTATEMENT 96-99

4. Date Incorporated or Qualified  
To Do Business in Florida

03/19/1987

5. FEI Number

59-2919648

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

☒ \$8.75 Additional Fee required  
for a Certificate of Status

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-02/08/99 - 01012--001  
\*\*\*\*908.75 \*\*\*\*908.75

CR2E040 (9/98)