



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


03 JUN -3 AM 9:59

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

REINSTATEMENT 90-03

300020752393
06/10/03--01031--006 **2531.25

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L12128

1. Corporation Name
S.T.R. Investment Group, Inc.

2. Principal Office Address 748 Flagler Drive		3. Mailing Office Address 748 Flagler Drive	
Suite, Apt. #, etc. Suite A		Suite, Apt. #, etc. Suite A	
City & State Fort Lauderdale, Florida		City & State Fort Lauderdale, Florida	
Zip 33304	Country USA	Zip 33304	Country Broward

4. Date Incorporated or Qualified To Do Business in Florida 8/29/1989

5. FEI Number 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 Kenneth V. Hemmerle, II, Esq.

Street Address (P.O. Box Number is Not Acceptable)
1322 N.E. 4th Avenue

Suite, Apt. #, Etc.
Suite E

City Fort Lauderdale State FL Zip Code 33304

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 *[Signature]* Date June 4, 2003

REGISTERED AGENT MUST SIGN

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
PSTD	Michael E. Sauer	748 Flagler Drive, Suite A	Fort Lauderdale, FL 33304

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)(l), 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]* Michael E. Sauer, President Date 6/4/2003 (954) 612-0484

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

CR2E001 (10/02)

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