

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

06 AUG 25 AM 8:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N02000004989

1. Corporation Name

STRATEGIES TO Equip People FOR  
Success INC.

W06000023351

2. Principal Office Address

5010 NW 41 Ct

3. Mailing Office Address

5010 NW 41 Ct

Suite, Apt. #, etc.

Private

Suite, Apt. #, etc.

Private

City & State

Lauderdale Lakes FL

City & State

Lauderdale Lakes FL

Zip

33319

Country

USA

Zip

33319

Country

USA

**REINSTATEMENT** 03-06

CR2E081 (12/05)

03-06

4. Date Incorporated or Qualified  
To Do Business in Florida

1/14/03

5. FEI Number

75-3039889

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

Beatrice Esdelle

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

5010 NW 41st Ct

Suite, Apt. #, Etc.

Private

City

Lauderdale Lakes

State

FL

Zip Code

33319

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

Beatrice Esdelle

Date

4-26-06

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
Pres.	Beatrice Esdelle	5010 NW 41 Ct	Lauderdale Lakes FL 33319

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 contained in Chapter 119, 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:

Beatrice Esdelle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-26-06 954735-2326

Daytime Phone #