

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 AUG -1 AM 9:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000012825

**1. Corporation Name**

STRASSMAN INSURANCE GROUP, INC.

**2. Principal Office Address**

3895 LAKE EMMA ROAD

**3. Mailing Office Address**

3895 LAKE EMMA ROAD

Suite, Apt. #, etc.

SUITE 163

Suite, Apt. #, etc.

SUITE 163

City & State

LAKE MARY, FL

City & State

LAKE MARY

Zip

32746

Country

USA

Zip

32746

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

02/02/2000

**5. FEI Number**

59-3629177

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☒**

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 02-05

**7. Name and Address of Current Registered Agent**

Name

STEVEN L. STRASSMAN

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

3895 LAKE EMMA ROAD

Suite, Apt. #, Etc.

SUITE 163

City

LAKE MARY

State

FL

Zip Code

32746

**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

Date

7-29-05

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	STEVEN L. STRASSMAN	3895 LAKE EMMA RD., STE. 163	LAKE MARY, FL 32746

200058107402  
08/01/05--01057--014 \*\*1208.75

8/8/05

**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)(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

Date

7-29-05

407-333-4553

Daytime Phone #

CR2E081 (01/05)