

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1-2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Kathleen Harris  
Secretary of State  
DIVISION OF CORPORATIONS

01020BR

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 MAR 11 PM 4:00

DOCUMENT # P00000054244

1. Corporation Name: THE STRATUS GROUP INC.

2. Principal Office Address  
819 TOWNSEND BLVD

3. Mailing Office Address  
SAME

Suite, Apt. #, etc.  
SUITE #6

Suite, Apt. #, etc.

City & State  
JACKSONVILLE

City & State  
FL

Zip  
32211

Country  
DUAL

Zip  
Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number  
59-3742746

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$375 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: JACK LEONE  
Street Address (P.O. Box Number is Not Acceptable): 4496 SOUTHSIDE BLVD. SUITE 200  
Suite, Apt. #, Etc.: 200  
City: JACKSONVILLE, FL.  
State: FL  
Zip Code: 32216  
100005172691-6  
-03/27/02-01079-004  
\*\*\*\*300.00 \*\*\*\*300.00

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: Jack Leone  
REGISTERED AGENT MUST SIGN

Date: 2-27-02

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	EDUARDO M. KIEW	2572 SPREADING OAKS LANE	JACKSONVILLE FL 32223
V.P	EDUARDO KRYZANEKAS	17 CORNING COURT	PALM COAST FL 32137

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: EA Kryzaneckas  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 2-27-02  
Daytime Phone #

CR2E081 (9/01)

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THE STRATUS GROUP INC.  
819 TOWNSENBLOVD. SUITE # 6  
JACKSONVILLE, FLORIDA 32211

February 27, 2002

Michelle Milligan  
Document Specialist  
Florida Department of State  
Division OF Corporations  
P.O.Box 6327  
Tallahassee, Fl 32314

Hi Michelle,

Pursuant to our telephone conversation of February 14, 2002 I am requesting reinstatement of our company without the reinstatement cost due to our company never receiving any notification at our offices located at: 819 Townsend Blvd. Suite #6, Jacksonville Fl 32211.

Enclosed here you will find the corporate reinstatement form and a check for \$300.00. for the past year and currant year.

Thanks you for your assistance,

  
Edward A Kryzanski

Vice President

The Stratus Group Inc.