

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000054244
1. Corporation Name
THE STRATUS GROUP INC.

400083215864
01/04/07--01032--005 **1208.75

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REINSTATEMENT 09-06

2. Principal Office Address <u>819 TOWNSEND BLVD</u>		3. Mailing Office Address <u>SAME</u>	
Suite, Apt. #, etc. <u>SUITE # 6</u>		Suite, Apt. #, etc.	
City & State <u>JACKSONVILLE, FL</u>		City & State	
Zip <u>32211</u>	Country <u>DUVAL</u>	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida <u>6-05-2000</u>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. FEI Number <u>59-3742746</u>	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name <u>JACK LEONE</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>4496 SOUTHSIDE BLVD.</u>	
Suite, Apt. #, Etc. <u>SUITE 200</u>	
City <u>JACKSONVILLE</u>	State <u>FL</u> Zip Code <u>32211</u>

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 12-30-06
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
<u>PRES</u>	<u>EDWARD M. KIECY</u>	<u>2572 SPREADING OAKS LANE</u>	<u>JACKSONVILLE FL 32223</u>
<u>VO</u>	<u>EDWARD KRZYZAKAS</u>	<u>4 CURRY COURT</u>	<u>PALM COAST FL 32137</u>

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: [Signature] Date 12-30-06 Daytime Phone # 904-509-2550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR