

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State
DIVISION OF CORPORATIONS

FILED

03 FEB -4 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000108649

1. Corporation Name

Stratus Management Systems, Inc.

300009636673
02/04/03--01090--033 **300.00

300009636673
12/23/02--01054--010 **750.00

2. Principal Office Address

650 Island Way

Suite, Apt. #, etc.

#601

City & State

Clearwater, Florida

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

33767

Country

Pinellas

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/21/2000

5. FEI Number

59-3683968

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 01-03

7. Name and Address of Current Registered Agent

Name

James W. Bauman

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

1008 Drew Street

Suite, Apt. #, Etc.

City

Clearwater

State

FL

Zip Code

33755

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 12/20/02

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.	Jerry Lewis	650 Island Way, #601	Clearwater, FL 33767
Sec/			
Treas.	Jerry Lewis	650 Island Way, #601	Clearwater, FL 33767
D.	Jerry Lewis	650 Island Way, #601	Clearwater, FL 33767

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

12/18/02

Date

(727) 709 2777

Daytime Phone #