


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

APPLICATION FOR REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 NOV 30 PM 5:07

DOCUMENT # P01000001199

1. Corporation Name

AMERICAN STRIPER ASSOCIATION, INC.

Principal Place of Business

Mailing Address

5100 N FEDERAL HWY STE 409

5100 N FEDERAL HWY STE 409

FT LAUDERDALE FL 33308

FT LAUDERDALE FL 33308

15 GARNETT AVE  
St. Augustine, FL 32084

15 GARNETT AVE  
St. Augustine, FL 32084

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

15 GARNETT AVE

3. New Mailing Office Address, If Applicable

15 GARNETT AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Augustine, FL

City & State

St. Augustine, FL

Zip

32084

Country

USA

Zip

32084

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

12/27/2000

5. FEI Number

65-1074951

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D/P	HOLMES, JACK	5100 N FEDERAL HWY STE 409 15 GARNETT AVE	FT LAUDERDALE FL 33308 St. Augustine, FL 32084
D/S/H	HOLMES, DEONA	5100 N FEDERAL HWY STE 409 15 GARNETT AVE	FT LAUDERDALE FL 33308 St. Augustine, FL 32084

100004717011--2  
-12/10/01--01094--001  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LEGAL, LARRY

5100 N FEDERAL HWY STE 409

FT LAUDERDALE FL 33308

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

Larry Legal

REGISTERED AGENT MUST SIGN

Date

10/24/01

11. 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:

Deona Holmes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/24/01 904-819-0360

Date Daytime Phone #

2012

**LARRY LEGEL, CPA**

Practice Concentrating in  
Taxation and Securities

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[LegelCPA@Bellsouth.net](mailto:LegelCPA@Bellsouth.net)

October 22, 2001

Florida Department of State  
Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314-6327

RE: AMERICAN STRIPER ASSOCIATION, INC.  
P01000001199

We are requesting that you waive any penalty fees pertaining to dissolution of the above referenced corporation. We never received an Annual Report to file. The company was just incorporated 12/27/00 and we had no idea that an annual report was required on January 1<sup>st</sup> for a corporation that was just incorporated several days earlier.

Please accept our check for \$150 to reactivate this company back to 'active' status.

Sunshine, --

*Larry Legel, CPA*

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