

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2007 NOV -8 PM 12:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # POI — 33588

1. Corporation Name Strickland International Corp.

2. Principal Office Address - No P.O. Box #

1959 NW 85<sup>th</sup> Lane

Suite, Apt. #, etc.

City & State

Coral Springs, FL

Zip 33071 Country USA

3. Mailing Office Address

1959 NW 85<sup>th</sup> Lane

Suite, Apt. #, etc.

City & State

Coral Springs, FL

Zip 33071 Country USA

**REINSTATEMENT**

CR2E081 (1/07)

07

4. Date Incorporated or Qualified  
To Do Business in Florida

March 28, 2001

5. FEI Number

65-1097029

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

**\$8.75 Additional Fee required  
for a Certificate of Status**

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

Name

Thomas A. Strickland

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

1959 NW 85<sup>th</sup> Lane

Suite, Apt. #, Etc.

City

Coral Springs

State

FL

Zip Code

33071

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 11/5/2007

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.	Thomas A. Strickland	1959 NW 85 <sup>th</sup> Lane	Coral Springs, FL 33071

200112133272  
11/08/07--01063--007 \*\*158.75

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/5/2007 954 448-6329  
Date Daytime Phone #