

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 85th Lane

Suite, Apt. #, etc.

City & State

Coral Springs, FL

Zip Country

33071 USA

3. Mailing Office Address

1959 NW 85th Lane

Suite, Apt. #, etc.

City & State

Coral Springs, FL

Zip Country

33071 USA

REINSTATEMENT 07

CR2E081 (1/07)

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 85th 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

REGISTERED AGENT MUST SIGN

Date 11/5/2007

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

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
Date

954 448-6329
Daytime Phone #

11/5/07