

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

03 JUN -2 AM 7:56

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P01000051891**

1. Corporation Name

STRONG ISLAND, INC.

Principal Place of Business

Mailing Address

3708 S JOHN YOUNG PKWY STE E-
 ORLANDO FL 32859

3708 S JOHN YOUNG PKWY STE E-
 ORLANDO FL 32859



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

2. New Principal Office Address, If Applicable

~~3708 S. JOHN YOUNG PKWY~~

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite A

City & State

ORLANDO FL

City & State

Zip

32839

Country

USA

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

05/18/2001

5. FEI Number

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSD	MERCER, RAY	931 HATTARAS TERR	PALM BAY FL 32909

300020307053
 06/02/03--01052--010 **300.00

8. Name and Address of Current Registered Agent

MERCER, RAY
 931 HATTARAS TERR
 PALM BAY FL 32909

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of Registered Agent

Signature **SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date **MAY 27, 2003**

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:

Signature **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Signature **MAY 27 2003** (407) 325-8067
 Date Daytime Phone #

CR2E040 (8/02)

To Whom it May Concern!

I, Ray Mercer the owner of Strong Island Inc. did not receive any forms in due time informing me that I had to file an annual report or any kind of reinstatement fee.

I spoke to someone in your office letting them know that I was not aware that I had to file an annual report or anything of that nature. I was informed that some form was mailed to me, but it was returned back to Division of Corporations.

Yours Truly
Ray Mercer
Ray Mercer