

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

3708 S JOHN YOUNG PKWY STE E-
ORLANDO FL 32839

Mailing Address

3708 S JOHN YOUNG PKWY STE E-
ORLANDO FL 32839



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

Suite, Apt. #, etc.

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MAY 27 2003
325-8867

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