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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P020000053152

1. Corporation Name

STRATEGX CONSULTING, INC

2. Principal Office Address

420 E OAKHURST ST

Suite, Apt. #, etc.

3. Mailing Office Address

420 E OAKHURST ST

Suite, Apt. #, etc.

City & State

ALTAMONTE SPRINGS

City & State

Florida

Zip

32701

Country

Seminole

Zip

32701

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

05-14-02

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

See 7th Amendment for information on Status

REINSTATEMENT

03-04

7. Name and Address of Current Registered Agent

Name

JUAN C VELAZQUEZ

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

4500 HOLLYTREE CT

Suite, Apt. #, etc.

#209

City

ORLANDO

State  
FL

Zip Code  
32811

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0603, F.S.

Signature of  
Registered Agent

Juan C Velazquez

REGISTERED AGENT MUST SIGN

Date 03-18-04

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

Title	Name of Officer and/or Director	Street Address of Each Officer and/or Director	City / State / Zip
CEO	Juan C Velazquez	4500 HOLLYTREE CT #209	ORLANDO FL 32811
VP	"	"	"

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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 under section 119.07(3)(f), 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:

Juan C Velazquez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-18-04 407-529-4094

Date

Daytime Phone #

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**March 22, 2004**

**To Whom It May Concern:**

**I am writing in regards to a letter that was never received from your Division of Corporations. I have just called (03/18/04) to inquire about an address change form and was informed that I had been sent a rejection letter in April.**

**The reason given, for the rejection, is due to me not having included my DOC# P02000053152 when I sent my payment for 2003. A simple mistake has caused me to have my company dissolved and I had no prior knowledge that this action was taken.**

**I would like to request that the reinstatement fee be waved. I was instructed to write a letter and explain my situation. Also, I was told to enclose a reinstatement form where I have changed my address and phone number and finally a check for \$150.00.**

**I look forward to your assistance in resolving this situation. Please contact me with any comments or questions that you may have.**

**Best Regards,**



**Juan C. Velazquez  
Strategix Consulting Inc.  
420 East Oakhurst St  
Altamonte Springs FL, 32701  
Phone 407-529-4094  
Fax 407-682-2319**