

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000011528

1. Corporation Name

Strategicx Corporation

2. Principal Office Address

4314 Bayside Village Drive

3. Mailing Office Address

4314 Bayside Village Drive

Suite, Apt. #, etc.
302

Suite, Apt. #, etc.
302

City & State
Tampa, Florida

City & State
Tampa, Florida

Zip
33615

Country
Hillsborough

Zip
33615

Country
Hillsborough

REINSTATEMENT

04-06

4. Date Incorporated or Qualified
To Do Business in Florida

1/30/2003

5. FEI Number

31-1816857

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
Kimberly M. Louttit

Street Address (P.O. Box Number is Not Acceptable)
2767 Camden Road

Suite, Apt. #, Etc.

City
Clearwater

State
FL

Zip Code
33759

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]

REGISTERED AGENT MUST SIGN

Date **Jan 8th, 2006**

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
C/D	Eric Louttit	2767 Camden Road	Clearwater, Florida 33759
T/D	Jack Powell	4314 Bayside Village Dr. unit 302	Tampa, Florida, 33615

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 8th, 2006 727-726-1535

Date

Daytime Phone #

FILED

06 JAN 12 PM 12:38

SECRET
TALLAHASSEE, FLORIDA

P03-11528

11/12/06

282

January 8, 2006

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sirs:

Please find the attached Corporation Reinstatement Form completed for Strategicx Corporation, Document Number P03000011528. Additionally, check #7490, in the amount of \$ 450.00. The payment covers applicable fees for Annual Report & Corporate Supplemental, during the 3 year period beginning in 2003, the year of incorporation, to the current year.

Strategicx Corporation did not receive the annual notices and therefore respectfully requests waiver of the \$600.00 Reinstatement Fee. The officers of the company resolve to maintain a current address on file with the state for both the registered agent and mailing office, and further, to file timely corporate returns.

Please mail any correspondence in this matter or questions attention: Kim Louttit, Registered Agent, Strategicx Corporation, at 2767 Camden Road, Clearwater, Florida 33759.

Regards,



Eric Louttit
Chairman of Board, Director