

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 APR -2 PM 2:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000035863

1. Corporation Name

Strawberry Village Inc.

2. Principal Office Address - No P.O. Box #

511 Hopkins Landing
Suite, Apt. #, etc.

3. Mailing Office Address

511 Hopkins Landing
Suite, Apt. #, etc.

City & State

Quincy, FL

City & State

Quincy FL

Zip

32351

Country

USA

Zip

32351

Country

USA

REINSTATEMENT

04-07

CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida

3/31/2003

5. FEI Number

11-3682670

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

Clark Fletcher

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

511 Hopkins Landing

Suite, Apt. #, Etc.

City

Quincy

State

FL

Zip Code

32351

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 Clark Fletcher

REGISTERED AGENT MUST SIGN

Date 3/31/07

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>P/D</u>	<u>Clark Fletcher</u>	<u>511 Hopkins Landing</u>	<u>Quincy FL 32351</u>

200095252752
04/10/07--01039--018 **\$00.00

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:

Clark Fletcher

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/07

Date

850980212

Daytime Phone #