

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000042184

FILED  
Jan 30, 2007  
Secretary of State

Entity Name: STRIKER CONSTRUCTION, INC.

## Current Principal Place of Business:

851 W, STATE ROAD 436  
SUITE 1059  
ALTAMONTE SPRINGS, FL 32714

## New Principal Place of Business:

3118 CECELIA DR  
APOPKA, FL 32703

## Current Mailing Address:

851 W, STATE ROAD 436  
SUITE 1059  
ALTAMONTE SPRINGS, FL 32714

## New Mailing Address:

3118 CECELIA DR  
APOPKA, FL 32703

FEI Number: 14-1886479

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

TORCIELLO, BETH  
851 W, STATE ROAD 436  
SUITE 1059  
ALTAMONTE SPRINGS, FL 32714 US

## Name and Address of New Registered Agent:

TORCIELLO, BETH  
3118 CECELIA DR  
APOPKA, FL 32703 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: BETH TORSIELLO

01/30/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: TORCIELLO, BETH  
Address: 851 W. STATE ROAD 436 SUITE 1059  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D ( ) Delete  
Name: TORCIELLO, PHILIP JR  
Address: 851 W. STATE ROAD 436 SUITE 1059  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D ( ) Delete  
Name: TORCIELLO, AUSTIN  
Address: 851 W. STATE ROAD 436 SUITE 1059  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: TORCIELLO, BETH  
Address: 3118 CECELIA DR  
City-St-Zip: APOPKA, FL 32703

Title: D (X) Change ( ) Addition  
Name: TORCIELLO, PHILIP JR  
Address: 3118 CECELIA DR  
City-St-Zip: APOPKA, FL 32703

Title: D (X) Change ( ) Addition  
Name: TORCIELLO, AUSTIN  
Address: 3118 CECELIA DR  
City-St-Zip: APOPKA, FL 32703

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BETH TORSIELLO

PD

01/30/2007

Electronic Signature of Signing Officer or Director

Date