


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

05 FEB 28 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P03000132169					
1. Corporation Name RICHARD STRICKLAND, INC. *					
2. Principal Office Address 6825 US #1 Suite, Apt. #, etc.			3. Mailing Office Address P.O. Box 48 Suite, Apt. #, etc.		
City & State GRANT FL			City & State GRANT FL		
Zip 32949	Country USA	Zip 32949	Country USA	4. Date Incorporated or Qualified To Do Business in Florida 11/14/03	
				5. FEI Number 510490323	Applied For Not Applicable
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <small>9475 Additional Fee required for a Certificate of Status</small>	

REINSTATEMENT 04-05 WOP

7. Name and Address of Current Registered Agent	
Name LEGAL Zoom NEVADA, INC.	
Street Address (P.O. Box Number is Not Acceptable) 44 WEST FLAGLER ST.	
Suite, Apt. #, Etc. SUITE 675	
City MIAMI	State FL
	Zip Code 33130

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0801, F.S.

Signature of
Registered Agent

Date 1-18-2005

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	RICHARD STRICKLAND	6825 US #1	GRANT FL 32949
			600047786546 03/07/05--01005--025 **150.00
			600047786546 03/07/05--01005--026 **150.00
			600047786546 03/07/05--01005--027 **8.75

10. I certify that I am an officer or director of 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 corporation meets 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(8)(b), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-05

Date

321-508-0041

Daytime Phone

2052

To Whom it May Concern:

Recently I was notified that my Corporation, Richard Strickland, Inc. #PO3000132169 had been placed on an inactive status due to failure to file the annual report.

About the time the report would have been mailed to me was the time in our area, east coast of Florida, that the hurricanes, Francis and Jeanne hit. The business physical address where my business was had been destroyed, and the small town Post Office where I receive my mail was closed until just recently due to hurricane damage. A lot of mail was lost during this period, and the little town of Grant went almost a full month without anything. When I told the people at Sunbiz this they told me to contact the State. After contacting the State I was told to pay the \$150.00 for 2004 and \$150.00 for 2005 and they would waive the reinstatement fee due to the circumstances of never receiving the information.

I am attaching this letter along with my application for reinstatement and 2 cashiers checks for \$150.00 each. I am also enclosing an additional \$8.75 so I can be notified of my status, so I can proceed with my workman's compensation insurance and file my taxes.

Thanking you in advance,

Richard Strickland
P.O. Box 48
Grant, Florida 32949



1-321-508-1440