

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 JUN -2 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000132516

1. Corporation Name

Strickly Installations

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

8438 Arbour Lake Dr.

Suite, Apt. #, etc.

apt. 104

City & State

Leesburg, FL

Zip

34788

Country

US

3. Mailing Office Address

8438 Arbour Lake Dr

Suite, Apt. #, etc.

apt 104

City & State

Leesburg, FL

Zip

34788

Country

US

REINSTATEMENT

CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

11/14/2003

5. FEI Number

193544387

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

Jonathan Getz

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

8438 Arbour Lake Dr.

Suite, Apt. #, Etc.

Apt. 104

City

Leesburg

State

FL

Zip Code

34788

☒ 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

Jonathan Getz

REGISTERED AGENT MUST SIGN

Date 06/01/2008

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
PD	Jonathan Getz	8438 Arbour Lake Dr. apt. 104	Leesburg, FL 34788
STD	Melissa Heller	8438 Arbour Lake Dr. apt. 104	Leesburg, FL 34788

400130261214
05/27/08--01005--030 **600.00

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:

Jonathan Getz

Jonathan Getz

6/01/2008

407-492-2701

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/2

Dept. of the State.

I Jonathan Letz DO NOT RECIEVE
ANY PRIOR NOTICES. AND I AM REQUESTING
REIN STATEMENT FEE TO BE WAIVED.

I sent AMOUNTY ORDER FOR \$600⁰⁰

FOR 05, 06, 07, 08. WHICH SHOULD
BRING my IORP. ACC. CURRENT. AND UP TO DATE.

Thank you



5/20/08