

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 NOV 12 PM 2:17

SECRETARY OF STATE
TALLAHASSEE, FL 32301

400162766654
11/12/09--01039--019 **600.00

DOCUMENT # **P05000043122**

1. Corporation Name **Strength Concepts Inc**

REINSTATEMENT 06-09
CR2E081 (10/09)

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

1577 NW 91 Ave

Suite, Apt. #, etc.

Apt 138

City & State

Coral Springs FL

Zip

33071

Broward

3. Mailing Office Address

1500 University Dr

Suite, Apt. #, etc.

Suite 115

City & State

Coral Springs FL

Zip

33071

Broward

4. Date Incorporated or Qualified
To Do Business in Florida

3-28-05

5. FEI Number

51-0539590

☐ 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

John Christiansen

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

1577 NW 91 Ave

Suite, Apt. #, Etc.

Apt 138

City

Coral Springs

State

FL

Zip Code

33071



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 section 617.0503, F.S.

Signature of
Registered Agent

Date

REGISTERED AGENT MUST SIGN

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
D	John Christiansen	1577 NW 91 Ave Apt 138	Coral Springs FL 33071

10. E-mail Address:

(To be used for future annual report notifications)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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. I further certify 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

Date

Daytime Phone#

11-9-09 954-345-4648