

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P06000012508

1. Corporation Name

STREINER ENTERPRISES, INC.

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

1040 NW 3RD STREET

Suite, Apt. #, etc.

City & State

AVENTURA, FL

Zip

33009

Country

USA

3. Mailing Office Address

PO BOX 802208

Suite, Apt. #, etc.

City & State

AVENTURA, FL

Zip

33280

Country

USA

7. Name and Address of Current Registered Agent

Name

CMS INTERNATIONAL ENTERPRISES, INC.

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

550 BILTMORE WAY

Suite, Apt. #, Etc.

MEZZANINE - SUITE 200

City

CORAL GABLES

State

FL

Zip Code

33134

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

REGISTERED AGENT MUST SIGN

Date 01/19/2010

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
PTD	JARRET STREINER	1530 SW 96 TERRACE	DAVIE, FL 33324
VPSD	JESSICA STREINER	1530 SW 96 TERRACE	DAVIE, FL 33324

10 E-mail Address: CSAMLUT@SAMLUT.COM

(To be used for future annual report notification)

11. 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. 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]*

Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/19/2010 954-455-5913

Date

Daytime Phone #

800166853098
02/03/10--01033--022 **300.00

REINSTATEMENT 08-10

800166853098
01/21/10--01041--024 **750.00

B 2/8/10

4. Date Incorporated or Qualified
To Do Business in Florida 01/23/2006

5. FEI Number
352268100

☐ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

☐ 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.