

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000055673

1. Entity Name
STRIKE FORCE ENTERPRISES INC.



Principal Place of Business
2076 WHITE ASH WAY
TALLAHASSEE, FL 32308

Mailing Address
2076 WHITE ASH WAY
TALLAHASSEE, FL 32308

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11282007

REIN-P

CR2E098 (1/07)

4. FEI Number

061-1504892

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COOK, LAWRENCE
2076 WHITE ASH WAY
TALLAHASSEE, FL 32308

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2008, Fee will be \$300.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	COOK, LAWRENCE D	
STREET ADDRESS	2076 WHITE ASH WAY	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	SCARBOUROGH, R.J.	
STREET ADDRESS	2076 WHITE ASH WAY	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	ROBINSON, SCOTT	
STREET ADDRESS	2076 WHITE ASH WAY	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE	FOU	<input type="checkbox"/> Delete
NAME	KYLE, WESLEY	
STREET ADDRESS	2076 WHITE ASH WAY	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	WIEDA, CHRIS	
STREET ADDRESS	2076 WHITE ASH WAY	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SMITH, RANDY	
STREET ADDRESS	2076 WHITE ASH WAY	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	300113158163	
STREET ADDRESS	12/14/07--01045--017 **150.00	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REINSTATEMENT	
STREET ADDRESS	PLH 12-07	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other filers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

07 DEC 11 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



850-933-9986