


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P94000039817	
1. Entity Name STRICTLY STARTERS, INC.	

FILED

08 DEC 31 AM 11:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 08

Principal Place of Business 5950 LAKEHURST DRIVE STE. 181 ORLANDO, FL 32819 US	Mailing Address 5950 LAKEHURST DRIVE STE. 181 ORLANDO, FL 32819 US
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2. Principal Place of Business - No P.O. Box # 7345 W. SAND LAKE RD	3. Mailing Address 3956 TOWN CTR BLVD
Suite, Apt. #, etc. SUITE 317	Suite, Apt. #, etc. Box 428
City & State ORLANDO FL	City & State ORLANDO FL
Zip 32819	Country USA

4. FEI Number 59-3255542	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent FLOYD, PERRY D 5238 CYPRESS CREEK DRIVE ORLANDO, FL 32811	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC PERRY, ELIZABETH S 5238 CYPRESS CREEK DRIVE ORLANDO, FL 32811 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRE PERRY, FLOYD D JR. 5238 CYPRESS CREEK DR. ORLANDO, FL 32811 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500139394439 12/31/08--01040--005 **158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 to this statement with all other like empowered.

SIGNATURE: 	FLOYD D. PERRY, JR.	12-26-2008	321-228-0649
SIGNATURE OF REGISTERED AGENT OR DIRECTOR		Date	Daytime Phone #