

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000034593

1. Corporation Name

SAFE-STRIKE INTERNATIONAL, INC.

Principal Place of Business

9225 ULMERTON
UNIT-D
LARGO FL 34641
US

Mailing Address

P O BOX 11823
ST PETERSBURG FL 33771
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

6549 Golden Horseshoe Dr
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

SEMINOLE FL

City & State

Zip

33777

Country

P. U.S.A.

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

04/27/1995

5. FEI Number

59-3312072

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

State of Florida Department of State
Division of Corporations

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	COLFELS, RICHARD	6328 AUGUSTA BLVD	SEMINOLE FL 34647

8. Name and Address of Current Registered Agent

GOULD, HERBERT E
3836 CENTRAL AVE
ST PETERSBURG FL 33711

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0606, F.S.

Signature of Registered Agent

Herbert E. Gould

REQUIRED

Date 10-19-99

REGISTERED AGENT MUST SIGN

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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:

Richard E. Colfels
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oct 19, 1999

Date

Daytime Phone #

727-3990188

②

FLORIDA DEPARTMENT OF STATE
DIVISIONS OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FLORIDA 32314

October 19, 1999

Gentlemen or Madam:


I recently received a Notice of Dissolution or Revocation.

My attorney sent in the annual fee which I was informed by your office that the check was deposited but the form was not signed by my attorney.

Your office returned the form for signature but evidently it was lost in the mail.

I was instructed to resubmit the Application for Reinstatement which I have included with this letter.

Sincerely,



Richard E. Colfels
Safe-Stride International, Inc.

Mailing address: P.O. Box 11823
St. Petersburg, FL 33771