


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION</b>				<b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000071909					
1. Corporation Name <b>STRATEGIC DIALOGUES, INC.</b>					
2. Principal Office Address <b>5307 Witham CT.</b>			3. Mailing Office Address <b>5307 Witham CT.</b>		
City & State <b>TAMPA FL</b>			City & State <b>TAMPA FL</b>		
Zip <b>33647</b>			Country <b>USA</b>		

FILED  
03 JUN 23 AM 11:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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4. Date Incorporated or Qualified To Do Business in Florida <b>09/18/95</b>	
5. FEI Number <b>59-3343681</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> Additional Fee Required <input type="checkbox"/>	

7. Name and Address of Current Registered Agent	
Name <b>William B. Locander</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>5307 Witham CT.</b>	
Suite, Apt. #, Etc.	
City <b>TAMPA</b>	State <b>FL</b>
Zip Code <b>33647</b>	

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 **William B. Locander**  
REGISTERED AGENT MUST SIGN

Date **6/19/03**

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
S/T	JANET F. LOCANDER	5307 Witham CT.	TAMPA FL 33647
P	William B. Locander	5307 Witham CT.	TAMPA FL 33647

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10. 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)(f), 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: **William B. Locander** **William B. LOCANDER** 6/19/03 (813) 979-6766  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #