

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PROCESSED
AND
FILED

01 DEC 13 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

**CORPORATION
REINSTATEMENT**

DOCUMENT # **PA5000078053**

1. Corporation Name
STRING ENTERPRISE, INC.

2. Principal Office Address
8211 OLDKINGS ROAD

3. Mailing Office Address
8211 OLDKINGS ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
JACKSONVILLE, FL

City & State
JACKSONVILLE, FL

Zip Country
32219 USA

Zip Country
32219 USA

7/5/01 90010/002 \$750.00
REINSTATEMENT 00-01

4. Date Incorporated or Qualified To Do Business in Florida **10/4/95**

5. FEI Number **59-3351158** Applied For Not Applicable

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

7. Name and Address of Current Registered Agent

Name
ROBERT A. HECKIN

Street Address (P.O. Box Number is Not Acceptable) **900004740549 --4**
1 SLEIMAN PARKWAY

Suite, Apt. #, Etc. **SUITE 280** **12/27/01-01017-11**
******150.00 ****150.00**

City State Zip Code
JACKSONVILLE FL 32216

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 *[Signature]* Date **12/12/01**
REGISTERED AGENT MUST SIGN

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
P, D	BROWN, ROBERT L., SR.	8211 OLDKINGS ROAD	JACKSONVILLE, FL 32219

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)(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: *[Signature]* **ROBERT L. BROWN, SR.** Date **12/12/01** Daytime Phone # **904-765-3210**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRZE001 (8/00)