PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **Katherine Harris** FILED SECRETARY OF STATE Secretary of State REINSTA **DIVISION OF CORPORATIONS** 99 OCT 22 AM II: 33 P95000097713 DOCUMENT # STRATEGIC ASSEMBLIES. INC. Principal Place of Business Mailing Address 440 EAST SAMPLE ROAD 440 EAST SAMPLE ROAD SUITE 200 SUITE 200 POMPANO BEACH FL 33064 POMPANO BEACH FL 33064 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable Date incorporated or Qualified
To Do Business in Florida 2. New Principal Office Address, If Applicable Same as # 2 Suite Apt. #, etc. 1239 E Newport: Ctr Dr Suite, Apt. #, etc. 01/01/1996 5. FEI Number Applied For City & State 65-0704799 Not Applicable Deerfield, \$8.75 Additional Fee required for a Certificate of Status Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director City / State / Zip Title(s) 440 EAST SAMPLE ROAD, SUITE 200 POMPANO BEACH FL 33064 **PSTD** RICHE, LARRY D 1239 E Newport Ctr Dr 119 Deerfield FL 33442 Same as above <del>200003033152--</del> -11/02/99--01101--014 \*\*\*\*150,00 \*\*\*\*150,nn 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name RICHE, LARRY D Street Address (P.O. Box Number is Not Acceptable) 440 EAST SAMPLE ROAD Suite, Apt. #, Etc. SUITE 200 POMPANO BEACH FL 33064 Zip Code City 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. HOMRE Signature of Registered Agent Date 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 filling this reinstatement application, the reason for dissolution has been pliminated, 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:

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## Strategic Assemblies

Strategic Assemblies 1239 east Newport Ctr Dr #119 Deerfield, Fl 33442

Phone: (954)570-7322 Fax: (954)570-5569

Tuesday, October 19, 1999

Dvision of Corporations 409 East Gaines Street Tallahassee, Florida 32314

To Whom I May Concern:

Pursuant to our telephone conversation with one of your representatives, and your notice of Administrative Dissolution, I have for your review this correspondence to explain why our annual filings were not done on time. In the past Strategic Assemblies, Inc. relied on the legal firm of Ruden McClosky to do the Corporate Filings and we assumed that our attorney (as always in the past) filed our annual report. Unfortunately, they did not, therefore we will file all the necessary documents ourselves from now on. In addition we did not receive any notification that we had not filed our annual report from the State. Enclosed is a completed reinstatement application and our check for one hundred fifty dollars (\$150.00). We pray that you have compassion for our deliema as we are a small company (which does not give us excuse for the situation) and would like you to waive any penalties and reinstate us immediately, as we would like to be in good standing with the State of Florida. If there is any other criteria necessary to get us back in the good graces of our lovely State, please do not hesitate to call me personally at 954-570-7322. I thank you in advance for courteous, merciful, and swift attention you give to this matter

Regards,

Ruth Campbell Office Manager