

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**

00 MAY 19 PM 12:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000053455

1. Corporation Name

Strike International, Inc.

2. Principal Office Address

1831A SW 7th Avenue

Suite, Apt. #, etc.

City & State

Pompano Beach, FL

Zip

33060

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT**

98-00

4. Date Incorporated or Qualified  
To Do Business in Florida

6/21/96

5. FEI Number

65-0679222

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

Karl Davis

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

1831A SW 7th Avenue

Suite, Apt. #, Etc.

City

Pompano Beach

State

FL

Zip Code

33060

100003297731-5

~~06/20/00~~ ~~01077~~ ~~016~~

\*\*\*1058.75 \*\*\*1058.75

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

REGISTERED AGENT MUST SIGN

Date 5/16/00

**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
DPST	Karl Davis	1831A SW 7th Avenue	Pompano Beach, FL 33060

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:

Karl Davis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/16/00

Date

954 344-4515

Daytime Phone #

CR2E081 (9/99)