

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 OCT 21 AM 9:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000103054

1. Corporation Name

LEONARD J. STRANDBERG & ASSOCI., INC.

2. Principal Office Address

853 Crestview Circle

Suite, Apt. #, etc.
Weston, FL

City & State

Weston, FL

Zip

33327

Country

US

3. Mailing Office Address

853 Crestview Circle

Suite, Apt. #, etc.

City & State

Weston, FL

Zip

33327

Country

US

REINSTATEMENT 00-02

4. Date Incorporated or Qualified
To Do Business in Florida

12/23/1996

5. FEI Number
650716978

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

Steven L. Jones, Esq.

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

9999 NE 2nd Avenue

Suite, Apt. #, Etc.

Suite 216

City

Miami Shores

100008450151--8

-10/18/02--01060-002

***1058.75 ***1058.75

State
FL

Zip Code
33138

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 10/10/2002

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
PD	Leonard J. Strandberg	853 Crestview Circle	Weston, FL 33327

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oct 19, 02 (954) 384-9141

Date

Daytime Phone #

CR2E081 (9/01)

10/23/02

LARSON AND JONES

ATTORNEYS AT LAW

SHOREVIEW BUILDING, SUITE 216

9999 NORTHEAST 2ND AVENUE

MIAMI SHORES, FLORIDA 33138

TELEPHONE (305) 751-1851

FAX (305) 754-5426

GUSTAVE W. LARSON (RETIRED)

STEVEN L. JONES

October 16, 2002

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

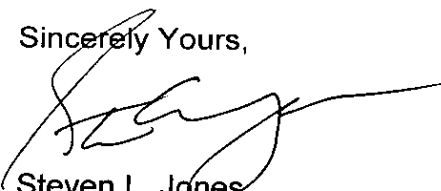
RE: Reinstatement – Leonard J. Strandberg & Assoc., Inc.
Document #P96000103054

To Whom It May Concern:

Please accept and file the enclosed Corporation Reinstatement. Also enclosed is my check in the amount of \$1,058.75, which covers payment of the reinstatement fee, annual report and supplemental fees for each year of dissolution, and the cost of a certificate of status which, in turn, needs to be forwarded to this office.

Thank you.

Sincerely Yours,


Steven L. Jones

Enclosures