

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 DEC 20 PM 2:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000051260

1. Corporation Name

STRATEGIC ALLIANCE PARTNERS CORP.

Principal Place of Business

Mailing Address

~~2010 N.E. 19TH TERRACE~~
~~NORTH MIAMI BEACH FL 33170~~

~~2010 N.E. 19TH TERRACE~~
~~NORTH MIAMI BEACH FL 33170~~

2999 N.E. 191 St. Suite 409
Aventura, Fl. 33180

SAME

If above addresses are incorrect in any way, line through incorrect information and enter correction below.



REINSTATEMENT 2000

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

06/09/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0775249

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)
1

Name of Officers
and/or Directors
2

Street Address of Each
Officer and/or Director
3

City / State / Zip
4

PD

BARRON, GARY

~~2010 N.E. 19TH TER~~
2999 N.E. 191 St. Suite 409

~~N MIAMI BEACH FL 33170~~
Aventura, Fl. 33180

100003582881--2

-01/26/01--01159--014

****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PHILLIPS, GARY S ESQ.
4000 HOLLYWOOD BLVD
SUITE 265-SOUTH
HOLLYWOOD FL 33021

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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.

Signature of
Registered Agent

SIGNATURE REQUIRED

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 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/20/00

Date

305 937-0049

Daytime Phone #

CR2E040 (8/00)