

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000052995**

1. Corporation Name

STRATEGIC ACQUISITIONS CORP.

Principal Place of Business

208 SOVEREIGN COURT
ALTAMONTE SPRINGS FL 32701

Mailing Address

208 SOVEREIGN COURT
ALTAMONTE SPRINGS FL 32701

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/16/1997

5. FEI Number

59-3457250

Applied For

Not Applicable

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



REINSTATEMENT 98-45

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
HAVER		233-38 80TH ROAD	DOUGLASTON NY 11385
P	SADIQUE JAFFER	790 SUMMA AVE	WESTBURY NY 11590
D	SURINDRA RAMETRA	790 SUMMA AVE	WESTBURY NY 11590
			000003027150--6 -10/27/98-01107-009 ****908.75 ****908.75
			8/24/99

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

REBACK, GERALD H
208 SOVEREIGN COURT
ALTAMONTE SPRINGS FL 32701

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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]

REGISTERED AGENT MUST SIGN

Date

8/24/99

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SADIQUE JAFFER, Pres.

Date

8/24/99 (516) 991-7110

Daytime Phone #