

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 FEB 25 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P970000071961**

1. Corporation Name

STRATEGIC ASSET ACQUISITION CORP.

2. Principal Office Address

750 PINE CHASE CT.

Suite, Apt. #, etc.

City & State

Wellington FL

Zip

33414

Country

US

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

REINSTATEMENT 99-00

4. Date Incorporated or Qualified
To Do Business in Florida

AUG. 19, 1997

5. FEI Number

22 3541568

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

JAMES D. TERLIZZI

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

750 PINE CHASE COURT

Suite, Apt. #, Etc.

City

Wellington FL

State
FL

Zip Code

33414

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

James D. Terlizzi

REGISTERED AGENT MUST SIGN

Date **2-18-00**

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

pres. James D. Terlizzi - 750 pine chase court Wellington FL 33414

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:

James D. Terlizzi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-00
Date

561-346-2593
Daytime Phone #