

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 28 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P970002374**

1. Corporation Name

STRINGS "N" RINGS INC.

2. Principal Office Address...

10705 Carrollwood Dr

Suite, Apt. #, etc.

City & State

Tampa, Florida

Zip

33618

Country

Hillsborough

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Same

Zip

Same

Country

Same

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

December 2, 1997

5. FEI Number

EIN # 59-3481576

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$0.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Judith A. Smolar

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

10705 Carrollwood Dr.

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33618

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **10/18/2003**

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
P,T,S	Alan M. Smolar (Director&Shareholder)	10705 Carrollwood Dr.	Tampa, Florida 33618
V	Judith A. Smolar (Shareholder)	10705 Carrollwood Dr.	Tampa, Florida 33618

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]

ALAN M. SMOLAR 10/18/03 8139336062

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR25081 (10/02)

Strings "N" Rings Inc.
EIN # 59-3481576
Alan. M. Smolar
10705 Carrollwood Dr.
Tampa, Florida 33618

Oct. 18, 2003

To Whom It May Concern,

Enclosed please find a check in the amount of \$300.00 as renewal fee for the corporation named Strings "N" Rings Inc..

As I explained to the counselor over the phone, I have never received any renewal notices from your department. All prior renewals and payments have been made as a result of my calls to your office. I hope that this problem can and will be corrected for all future fees. Thank you.

Sincerely,



Alan M. Smolar
Strings "N" Rings Inc