PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 JUL 25 AM 10:56

DOCUMENT # P98000008553

1. Corporation Name
Strong/Palms East, Inc.

900133754169
07/30/08--01022--022 **1200.00

CR2E081 (12/07)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
1000 N. Orlando Ave.		1000 N. Orlando Ave.	
Suite, Apt. #, etc. Suite D		Suite, Apt. #, etc. Suite D	
City & State Winter Park, FL 32789		City & State Winter Park, FL 32789	
Zip 32789	Country USA	Zip 32789	Country USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 59-3495464 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: David C. Strong

Street Address (P.O. Box Number is Not Acceptable): 1000 N. Orlando Avenue, Suite D

Suite, Apt. #, Etc.:

City: Winter Park State: FL Zip Code: 32789

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: X _____ Date: 7-23-08

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	David C. Strong	1000 N. Orlando Ave., Ste D	Winter Park, FL 32789

REINSTATEMENT
05-08

10. I certify that I am an officer or director of the reviver 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 name 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 contained in Chapter 119, F.S. The information indicated on this application is true and correct, and any signature that have the same legal effect as if made under oath.

SIGNATURE: X _____ 7-23-08 407-629-1800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #