

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PAHC 10/2

CORPORATION



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

FILED

01 DEC 31 PM 1:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000020578

1. Corporation Name

C.D. Strong Enterprises Inc.

800004765328--4  
-01/10/02--01073--002  
\*\*\*\*158.75 \*\*\*\*158.75

2. Principal Office Address

4523 Commandy

Suite, Apt. #, etc.

DR

City & State

Naples FL

Zip

34112

Country

Collier

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified  
To Do Business in Florida

1998

5. FEI Number

650809323

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

C.D. Strong

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

4523 Commandy DR

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34112

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

C.D. Strong C.D. Strong  
REGISTERED AGENT MUST SIGN

Date 1-2-02

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
<del>President</del>	<del>C.D. Strong</del>		
President	C.D. Strong	4523 Commandy DR	Naples FL 34112

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)(f), 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: C.D. Strong C.D. Strong  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-2-02 941-250-1692

Daytime Phone #

CR2001 (9/00)

Page 1 of 2

C. D. Strong Enterprises Inc.  
4523 Normandy Drive  
Naples, Florida 34112

To whom it may concern:

I found out I never received corporate renewal paper's when it was time to renew workman's compensation.

I called and spoke to Mr. Tyrone Scott and pulled up this paper from the computer.

I would like any penalties to be waived.

If form's are not received by September in the future I will contact you.

Sincerely,

C. D. Strong