

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
The Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 NOV -3 PM 3:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000079550

1. Corporation Name

INTERSTRIKE, INC.

Principal Place of Business

Mailing Address

~~200 WEST FORSYTH STREET, STE. 1730  
JACKSONVILLE FL 32202~~

200 WEST FORSYTH STREET, STE. 1730  
JACKSONVILLE FL 32202



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

2. New Principal Office Address, If Applicable

830-13 A1A North

Suite, Apt. #, etc.

Suite 101

City & State

Ponte Vedra Beach, FL

Zip

32082

Country

U.S.A.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

09/15/1998

5. FEI Number

59-3544042

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
XX	<del>NIELSEN, JARED</del>	<del>200 WEST FORSYTH STREET, STE. 1730</del>	<del>JACKSONVILLE FL 32202</del>
DPST	Nielsen, Jared D.	830-13 A1A North, Ste. 101	Ponte Vedra Beach, FL 32082
			200003038892--8 -11/09/99--01008--011 ***550.00 ***550.00
			200003038892--8 -11/09/99--01008--012 ***200.00 ***200.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DRAUGHON, RICHARD S  
200 WEST FORSYTH STREET, STE. 1730  
JACKSONVILLE FL 32202

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Date 10/15/1999

REGISTERED AGENT MUST SIGN

11. 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.

KE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #