PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT DOCUMENT # P 990	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS 2003-7004	FILED 04 MAY 27 PM 12: 00 SECRETARY OF STATE TALLAHASSEE, FLORIDA
1. Corporation Name	regard international	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1. Corporation Name Striker Yacht Bro	okerage international Corp.	
	<i>50, p</i>	,
2 Principal Office Address	3. Mailing Office Address	200097377212 05/27/0401064001 **150,00
2. Principal Office Address RENTEE	Same	05/27/0461064001 **150.00
Suite Ant # etc	Suite, Apt. #, etc.	
Suite, Apt. # etc. 1 Suite		4. Date Incorporated or Qualified
City & State	City & State	To Do Business in Florida 9 9
Ft Landordale F	T_FZ	5. FEI Number Applied For
Zip Country	Zip Country	6. S 75 August 1 - S 75 August
2316 USA		CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		
Name K 0 0 - 5 1 5 5		
Edward E Enris UV		
Street Address (P.O. Box Number is Not Acceptable) 2601 S. Dayk Jane PK. BIVA		
Suite, Apt. #, Etc.		
Su. 76 201		
City Ft Lay New lase FL 2321/		
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 Reg		
Registered Agent		
C Media into Adem most ordin		
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 Eac Officer and/or Directo	h or City / State / Zip
De CD = 2601 E Bakland PK Ft Landerdo to the		
1662 Folusia FANIS TO SUITE 501- 33316		
	·	·
		-
		200037377212
<u> </u>		06/18/0390137024 **150.00
(210.) 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 Lower Te Timb & Flowerd E. FINIS UT		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayling Phone #		