

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
 DOCUMENT # P99000010238		

1. Corporation Name

The Strategy Group, Inc.

2. Principal Office Address - No P.O. Box # 1600 Maria St.	3. Mailing Office Address 1600 Maria St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Englewood, FL	City & State Englewood, FL
Zip 34223	Country Sarasota
Zip 34223	Country Sarasota

7. Name and Address of Current Registered Agent

Name
Douglas Houghton

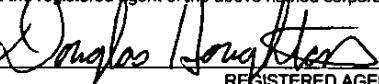
Street Address (P.O. Box Number is Not Acceptable)
1600 Maria St.

Suite, Apt. #, Etc.

City
Englewood State
FL Zip Code
34223

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



REGISTERED AGENT MUST SIGN

Date

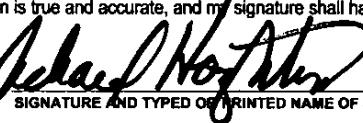
3/26/07

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
D/P	Richard Houghton	212 Destiny Bay Rd.	Cutler, ME. 04626

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 contained in Chapter 119, 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



Richard Houghton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/07

(941) 473-7601

Date

Daytime Phone #

FILED

2007 JUN 11 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300104211933
06/11/07--01025--002 **758.75
REINSTATEMENT 04-07
06/11/07

4. Date Incorporated or Qualified
To Do Business in Florida

2/1999

5. FEIN Number

65-0891833

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

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.