

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 AUG 16 PM 2:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100007310741--8
-08/23/02--01043--018
***1808.75 ***1808.75

DOCUMENT # 564628
1. Corporation Name
STRACO, Inc.

2. Principal Office Address
610 9th St. East
Suite, Apt. #, etc.

3. Mailing Office Address
P.O. Box 2270
Suite, Apt. #, etc.

City & State
Kalispell, MT.
Zip
59901
Country
USA

City & State
Kalispell, MT.
Zip
59903
Country
USA

REINSTATEMENT 1995-2002

4. Date Incorporated or Qualified
To Do Business in Florida 7/2/91
5. FEI Number
65-0276427
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
Jimmy P. Beehner
Street Address (P.O. Box Number is Not Acceptable)
8118 Colonial Village Drive
Suite, Apt. #, Etc.
203
City
Tampa State
FL Zip Code
33625

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 Jimmy Beehner
REGISTERED AGENT MUST SIGN

Date 8/12/02

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
Pres.	J.T. Bausta	61 Morning View Way	Kalispell, MT. 59901
V. Pres.	D.A. Bahloul	8019 Himes Ave	Tampa, FL 33614
Secy/Treas.	Ron Lambrecht	57 Summit	Summit, MT. 59932

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)(j), 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: J.T. Bausta President
Signature and Type or Printed Name of Signing Officer or Director
Date 8/14/02 Daytime Phone # 406 257-1085

CR2E081 (8/01)