


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # **F95000005157**

1. Corporation Name  
**STARMAX DEVELOPERS, INC.**

FILED  
01 OCT 19 PM 4:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 11110 HARBOUR YACHT CT 34 E FORT MYERS FL 33908	Mailing Address 11110 HARBOUR YACHT CT 34 E FORT MYERS FL 33908
--	--



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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida <b>10/23/1995</b>	
5. FEI Number <b>31-1447355</b>	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	MITCHELL, MAXINE	<del>1796 WHITE GAP CIRCLE</del> #34E 11110 Harbour Yacht CT	N. FORT MYERS FL 33903 33908
VP	MITCHELL, JEFF	420 DARBYTON DRIVE	PLAIN CITY FL 43064
			800884672879-7 -11/08/01--01064--009 ***758.75 ***758.75

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name: Maxine Mitchell  
Street Address (P.O. Box Number is Not Acceptable): 11110 Harbour Yacht CT  
Suite, Apt. #, Etc.: #34E  
City: FT-Myers State: FL Zip Code: 33908

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: Maxine Mitchell REGISTERED AGENT MUST SIGN Date: 10-17-01

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.

SIGNATURE: Maxine Mitchell 10-17-01 Date Daytime Phone #

CR2E040 (8/01)