

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 APR 27 PM 3:46

DOCUMENT # F99000000026

1. Corporation Name

Starlite Manufacturing, Inc.

2. Principal Office Address

9 West Tower Circle

Suite, Apt. #, etc.

City & State

Ormond Beach, FL

Zip

32174

Country

Volusia

3. Mailing Office Address

see 2

Suite, Apt. #, etc.

City & State

REINSTATEMENT 00-01

**4. Date Incorporated or Qualified
To Do Business in Florida**

01/04/99

5. FEI Number

01-0522341

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

Bert J. Harris, III

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

401 Dal Hall Boulevard

Suite, Apt. #, Etc.

700004275677-8

-05/22/01--01029--008

****900.00 ****900.00

City

Lake Placid

State

FL

Zip Code

33852

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

Bert J. Harris, III
REGISTERED AGENT MUST SIGN

Date

23 April 2001

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
P/S/D	David B. Gould	26 Rivers Edge Drive	Kennebunk, ME 04043
T/D	Gregory S. Leonard	9 West Tower Circle	Ormond Beach, FL 32174
D	Keith C. Shaughnessy	3 Centennial Drive	Peabody, MA 01960
V/D	Shawn McKenna	20 Inverness Road	Falmouth, ME 04105
V	Sal Samarro	9 West Tower Circle	Ormond Beach, FL 32174
Comptroller	Michael Gulnac	9 West Tower Circle	Ormond Beach, FL 32174

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)(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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-12-01

Daytime Phone #

207 878 2253

CR2E081 (9/00)