

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
99 DEC -9 AM 8:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K32325

1. Corporation Name
LOANSTAR PROPERTIES, INC.

Principal Place of Business: 443 W. VINE STREET, KISSIMMEE FL 34741
Mailing Address: 717 E. OAK STREET, KISSIMMEE FL 34744

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		4. Date incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09/02/1988	
City & State		City & State		5. FEI Number	
Zip		Country		59-2912667	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 And bond fee required to a Certificate of Status.	

REINSTATEMENT

99

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
PSTD	MORE, JOSEF	443 W. VINE STREET	KISSIMMEE FL 34741

500003078255--6
-12/22/99--01077-003
***750.00 ***750.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
SMITH, NORMAN J 1201 W. EMMETT STREET KISSIMMEE FL 34741		Name H. J. SWART Street Address (P.O. Box Number is Not Acceptable) 717 E. OAK ST Suite, Apt. #, Etc. City KISSIMMEE State FL Zip Code 34744	

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: *[Signature]* REGISTERED AGENT MUST SIGN Date: 11/10/99

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: *[Signature]* REGISTERED AGENT MUST SIGN Date: 12.1.99 Daytime Phone #: KE

CR25040 (8/99)

KE