

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED AND FILED

98 DEC -7 PM 2:01
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **L74374**

1. Corporation Name

STAR MARINE SERVICE, INC.

Principal Place of Business

Mailing Address

% BRIAN A. RAHM
 560 CAMBRIDGE DRIVE
 FT. LAUDERDALE FL 33326
 US

% BRIAN A. RAHM
 560 CAMBRIDGE DRIVE
 FT. LAUDERDALE FL 33326
 US

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



REINSTATEMENT 98

2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida 05/18/1990	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0195003	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	RAHM, BRIAN A.	560 CAMBRIDGE DRIVE	FT. LAUDERDALE FL
VTD	RAHM, MARIANNE	560 CAMBRIDGE DRIVE	FT. LAUDERDALE FL
			800002709638--9 -12/11/98--D1004--002 ****750.00 ****750.00
			<i>BR/ra</i>

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
RAHM, BRIAN A. 560 CAMBRIDGE DRIVE FT. LAUDERDALE FL 33326		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL

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 *Brian A. Rahm* **REGISTERED AGENT MUST SIGN** Date 11/30/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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)(f), 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: *Brian A. Rahm* **REGISTERED AGENT MUST SIGN** Date 11/30/98 Daytime Phone # 954-557-3933

CR2E040 (8/98)