ΔPI	PLEASE RI		TRUCTIONS DA DEPARTME		7	ING THIS FOR	RM.	
FOR REINSTATEMENT			Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED			
DOCUMENT # 538394				don't don't danions		98 NOV 20 AM 11: 23		
Corporation Name STAR ASSOCIATES, INCORPORATED					SECRETARY OF STATE TALLAHASSEE. FLORIDA			
Principal Place of Business Mailing Address					1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
			NVE. NORTH H FL 33463		(ter arant mexit miatr miett minte in bit	
	addresses are incorrect in any way			correction below.	REINS	TATEMEN	IT 98	
			New Mailing Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida 06/30/1977		
City & State	<u> </u>	City & State			5. FEI Number Applied For S9-1817629 Not Applicable			
Zip	ip Country Zip		Country		6. CERTIFICATE	OF STATUS DESIRED	\$8.75 Additional Fee require for a Certificate of Status	
	and Street Addresses of Each Offi	<u>_</u>	,					
1 T#(\$)	Name of Officers and/or Directors		Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)			City / State / Zip		
PD	MCGOWAN, ELIZABETH M.	#4 18TH AVE. SOUTH			LAKE WORTH FL			
VD ST	MCGOWAN, MICHAEL JR.		#4 18TH AVE. SOUTH			LAKE WORTH FL.		
ST SỐHỐ XHỆ ỚీHỆ Ớీ, ČEỆU Ở TẬ Ớీ Ở TẬ ỦA			\$10x\\\X\\\\X\\\X\\\X\\\X\\X\\X\\X\\X\\X\\X			15% % 45.6% % 65.8% % 56.7%		
		8			000026980286			
						****750		
8. Name and Address of Current Registered Agent Name					9. Name and Address of New Registered Agent			
XSCHMMACHERX ELIZABEXHX McGOWAN Michael JR. 5450 10TH AVE. NORTH LAKE WORTH FL 33463				M.G.O.Wan MICHAEL ID Street Address (P.O. Box Number is Not Acceptable) 4 - 18th Ave, So. Suite, Apt. #, Etc.				
				City			State Zip Code	
10. I, being Signature of Registered	appointed the registered agent of f Agent	TURE		IRED	ligations of Section	Date	-13-95	
	is corporation owes, angible Personal Pro	or has paid th	e current yea	ar Yes 🔲	No 🗆		er side for information intangible tax.)	
this reins owed by	that I am an officer or director or the statement application, the reason I the corporation have been paid a pplication is true and accurate, an	or dissolution has been nd the names of individ	eliminated, the corpo luals listed on this form	rate name satisfies to n do not qualify for a	the requirements an exemption und	of section 607.0401 or 61	17.0401, F.S., that all fees	

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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