

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # G55606

1. Corporation Name

D. M. STARR ASSOCIATES, INC

Principal Place of Business

14250 SW 96TH TERR  
MIAMI FL 33186

Mailing Address

14250 SW 96TH TERR  
MIAMI FL 33186

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

08/01/1983

5. FEI Number

59-2309123

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s)

Name of Officers  
and/or Directors

Street Address of Each  
Officer and/or Director

City / State / Zip

P

STARR, JOAN L.

14250 SW 96 TERRACE

MIAMI FL

ST

STARR, DEBRA A.

14250 SW 96TH TERRACE

MIAMI FL

100008878921  
11/07/02--01089--007 \*\*150.00

8. Name and Address of Current Registered Agent

STARR, JOAN L.  
14250 SW 96TH TERRACE  
MIAMI FL 33186

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 10/28/02

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

Date

Daytime Phone #

D.M.STARR ASSOCIATES, Inc.  
14250 S.W. 96<sup>th</sup> TERRACE  
MIAMI, FLORIDA 33186

(305) 387-4734

October 24, 2002

Department Of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl. 32314

RE: Application for reinstatement Document # G55606

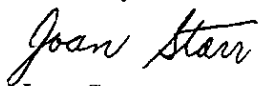
I just received notice of Administrative Dissolution or Revocation of my corporation.

This is the first notice that I have received this year regarding renewal of my 2002 annual report. I do not want to have my corporation dissolved and would like to have it reinstated.

Enclosed please find my check in the amount of \$150.00, as I did not intentionally let my corporation renewal go unpaid.

Thank you,

Sincerely,



Joan Starr  
President