## 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # K96350  1. Entity Name REAL STAR DEVELOPMENT CORP.								FILED 06 MAR -6 Ail 8: 24				
Principal Place of Business 5806 OLD PASCO RD WESLEY CHAPEL, FL 33544 US				Mailing Address 12300 W CENTER STREET SUITE 200 WAUWATOSA, WI 53222 US				1 1			STATE LCAIDA	 
Principal Place of Business     Suite, Apt. #, etc.				3. Mailing Address 12300 W. Center Street Suite. Apt. #. etc.						نانگ		
City & State				Suite 150 City & State				* 10072605 4. FEI Numb		CH2EC		plied For
Zip	ip Country			Wauwatosa, WI Zip Count			36-36 5. Certificat			<u> </u>	8.75 Add	t Applicable
	6. Name and Address of Current F		53222 US/					7. Name and	Address of New Regi		ee Require	•
					Name							
CARLTON, COLLIE 1227 WATERBURY LOOP LUTZ, FL 33549					·	Street Address (P.O. Box Number is Not Acceptable)						
						City					Zip Code	
										FL		
<ol> <li>The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.</li> </ol>												
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE												
FILE NOWIII FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00									In accordance with corporation did no			
10.		OFFICERS AND [	DIRE	CTORS	11.			ADDITIONS,	/CHANGES TO OFFICE	RS AND	DIRECTOR	S IN 11
TITLE	PDS Delete					<u>.</u>	1100					Addition
NAME STREET ADDRESS CITY-ST-ZIP	SWENSON, DUANE A.  12300 W CENTER STREET, SUITE 200  STR WAUWATOSA, WI  CIT						Swenson, Duane A. 12300 W. Center Street, Suite 150 Wauwatosa, WI 53222					
TITLE	D		☐ Delete		0				Change	☐ Addition		
NAME STREET ADDRESS CITY-ST-ZIP	12300 W WAUWAT	CENTER STREET, SUI	TE 2	00		E Et address -st-zip	Dallmann, Gail 12300 W. Center Stree Wauwatosa, WI 53222			Sui	te 150	
TITLE NAME STREET ADDRESS	D Delete TITLE WARTINBEE, JAMES R. 1109 DOWNING DR. STREE						_wau	Oi	<del>WL 53222—</del> D <b>DD679</b> 4 6/0601006	452	□ Change 23□ **300.	☐ Addition
CITY-ST-ZIP	WAUKES	= =				-ST-ZIP		03/10/00 01000==0			**300.	່ເກີດ
TITLE NAME STREET ADDRESS	D Delete TITLE LEHMAN, JERRY 6158 PALMA DEL MAR BLVD UNIT 107 STREE						$\lambda$	V23/9			☐ Change	Addition
CITY-ST-ZIP	SAINT PE	ETERSBURG, FL 33715	58	☐ Delete	CITY	-ST-ZIP E	$\rightarrow$	<u>'</u>			Change	Addition
NAME Street address City-St-Zip						e et address -st-zip	,	•				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							☐ Change	☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.												
SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Date  Date  Description Priore #												