

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

2002 OCT 25 AM 10:54

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000007059

Name and Mailing Address

0003502 01 FP 0,352 **PRSR T1 0 0615 33324-446375



STARS UNITED LLC
1200 SOUTH PINE ISLAND ROAD, SUITE 300
PLANTATION FL 33324-4463



2. New Mailing Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

05/04/2001

Principal Place of Business

1200 SOUTH PINE ISLAND ROAD,
PLANTATION FL 33324

3. New Principal Place of Business Address

SUITE 300

City, State, Zip

6. FEI Number

65-1098300

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

SCHWEIGER, LARRY
1200 SOUTH PINE ISLAND ROAD, SUITE 300
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

300008597333
10/25/02--01087--008 **150.00

City

FL

Zip Code

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

SIGNATURE OF REGISTERED AGENT

REGISTERED AGENT MUST SIGN

Date 10/21/02

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	SCHWEIGER, LARRY	1200 SOUTH PINE ISLAND ROAD, SUITE 300	PLANTATION FL 33324

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

SIGNATURE OF MANAGING MEMBER/MANAGER

Date 10/21/02 Daytime Phone # 9544738850

Typed or printed name of signing Managing Member/Manager

CR2E084 (8/02)