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L01000013449

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 2002-2003

DOCUMENT # L01000013449

1. Limited Liability Company's Name

STAR TOWERS, LLC

2. Principal Office Address		3. Mailing Office Address	
21 Miracle Strip Pkwy, SE		21 Miracle Strip Pkwy, SE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Ft. Walton Beach, FL		City & State: Ft. Walton Beach, FL	
Zip: 32548	Country: United States	Zip: 32548	Country: United States

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 8-13-01

6. FEI Number: 59-3740070 ☐ 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

Name: Jennifer Hale

Street Address (P.O. Box Number is Not Acceptable): 21 Miracle Strip Parkway, SE

Suite, Apt. #, Etc.:

City: Ft. Walton Beach | State: FL | Zip Code: 32548

9. 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: Jennifer F. Hale REGISTERED AGENT MUST SIGN Date: 10/31/03

CR2E041 (10/02)

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mgr	Jennifer Hale	21 Miracle Strip Parkway, SE	Ft. Walton Beach, FL 32548
Mgr	James Michael Self	21 Miracle Strip Parkway, SE	Ft. Walton Beach, FL 32548

11-10-03

11. 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 608.408, 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: Jennifer F. Hale Date: 10/31/03 Daytime Phone #: 850-244-1400

Typed or printed name of signing Managing Member/Manager: Jennifer Hale

Florida Department of State
Division of Corporations
Public Access System

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Fax Number : (850)205-0383

From:
Account Name : CLARK, PARTINGTON, HART AND HART
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LIMITED LIABILITY REINSTATEMENT

STAR TOWERS, LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	$205.00

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