

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 31 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000022110

Name and Mailing Address

0009785 01 AT 0.292 \*\*AUTO T6 0 0615 33702-155420



STELLAR PROPERTIES AND DEVELOPMENT, LLC  
12020 GANDY BLVD. N.  
ST. PETERSBURG FL 33702-1554



2. New Mailing Address

City, State, Zip

4. State/Country of Formation  
FL

5. Date Organized or Qualified  
To Do Business in Florida 08/27/2002

Principal Place of Business  
12020 GANDY BLVD. N.  
ST. PETERSBURG FL 33702

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number  
13-4233711

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

JORDAN, LARRY D  
756 KINGSTON CT  
APOLLO BEACH FL 33572

9. Name and Address of New Registered Agent

Name

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

200024338762  
10/31/03--01079--019 \*\*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 *Larry Jordan* **SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date 10/20/03

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	JORDAN, LARRY D	756 KINGSTON CT	APOLLO BEACH FL 33572
MGRM	DRUMMOND, CINDY R	2120 VENUS	TAMPA FL 33628

REINSTATEMENT 03  
dec

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 *Larry Jordan* **SIGNATURE REQUIRED**

Date 10/20/03 Daytime Phone # 813-363-1842

Typed or printed name of signing Managing Member/Manager

CR2E084 (7/03)