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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2006 JAN 25 A 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (8/05)

DOCUMENT # L02000035191

1. Limited Liability Company's Name
STARVIEW PROPERTIES LLC.

2. Principal Office Address	3. Mailing Office Address
25179 ALCAZAR DR.	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PUNTA GORDA FL.	City & State
Zip: 33955 Country: USA	Zip Country

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 12-30-2002

6. FEI Number: 32-0054337 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt. #, Etc.:

City: Tallahassee State: FL Zip Code: 32301

9. I, being appointed the registered agent of the above named limited liability company, Carla Lori, hereby accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: Carla Lori Asst. Vice President Date: 1-25-06

REGISTERED AGENT MUST SIGN

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
MGRM	THOMAS J. GORMAN	25179 ALCAZAR DR	PUNTA GORDA FL. 33955
MGR	LOIS A. GORMAN	25179 ALCAZAR DR	Punta Gorda FL 33955
	AL	REINSTATEMENT	03-06

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 608.406, 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: Lois A. Gorman Date: 1-19-06 Daytime Phone #: 941-639-6422

Typed or printed name of signing Managing Member/Manager: LOIS A. GORMAN

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Jan 20 06 01:22p Thomas J. Gorman 941-639-6422 p.3

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To:
Division of Corporations
Fax Number : (850)205-0383

RESUBMIT
Please give original submission date as file date

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

LIMITED LIABILITY REINSTATEMENT

STARVIEW PROPERTIES LLC.

Certificate of Status	0
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