

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 JAN 16 PM 3:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L04000073500**

1. Limited Liability Company's Name

FLORIDA STAR, LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #

205 WORTH AVE

Suite, Apt. #, etc.

3. Mailing Office Address

205 WORTH AVE

Suite, Apt. #, etc.

City & State

PALM BEACH, FL

City & State

PALM BEACH, FL.

Zip

33480

Country

USA

Zip

33480

Country

USA

4. State/Country of Formation

FLORIDA/USA

**5. Date Organized or Qualified
To Do Business in Florida**

10/8/2004

6. FEI Number

20-1739255

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 **PATRICK J. CASEY**

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

515 N FLAGLER DRIVE

Suite, Apt. #, Etc.

STE. 1900

City

WEST PALM BEACH

State

FL

Zip Code

33401

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

REGISTERED AGENT MUST SIGN

Date

1/07/08

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	H. G. KUYKENDALL	4101 NW EXPRESSWAY CB16-304	OKLA. CITY, OK 73116
MGR.	KATHLEEN KUYKENDALL	4101 NW EXPRESSWAY CB16-304	OKLA. CITY OK 73116

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REINSTATEMENT 06-07
GVS

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

Date

12/26/07

Daytime Phone #

405-943-9635

Typed or printed name of signing Managing Member/Manager