

L04000073500

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 NOV 17 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300167559093
11/22/10--01005--002 **100.00

300167559093
01/29/10--01039--005 **277.50

CR2E041 (11/09)

DOCUMENT # L 04000073500

1. Limited Liability Company's Name

FLORIDA STAR, LLC

4. State/Country of Formation

FLORIDA - USA

5. Date Organized or Qualified
To Do Business in Florida

10/8/04

6. FEI Number

20-1739255

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

☒ 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.

300167559093
07/06/10--01003--001 **163.75

8. Name and Address of Current Registered Agent

Name
PATRICK J CASEY

Street Address (P.O. Box Number is Not Acceptable)
515 N FLAGLER DR.

Suite, Apt. #, Etc.
SUITE 1900

City
WEST PALM BEACH

State
FL

Zip Code
33401

9. I, being 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

Patrick J Casey

Date 10/26/10

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
MGR	H. G. KUYKENDALL	4101 NW EXPRESSWAY 16304	OKLA. CITY, OK 73116
MGR	KATHLEEN KUYKENDALL	SAME	SAME
			N. CAUSSEAU
			NOV 18 2010
			EXAMINER

11. E-mail Address: CFKuykendall@att.net

(To be used for future annual report notifications)

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

H.G. Kuykendall

Date 11/18/10

Daytime Phone # 405-843-7053

Typed or printed name of signing Managing Member/Manager H.G. KUYKENDALL