

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

14 APR 24 PM 1:47

DOCUMENT # L09000024526

1. Limited Liability Company's Name

STARMAG INVESTMENTS, LLC

900259822859
04/22/14--01018--025 **238.75

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #
10951 Bonita Beach Road

3. Mailing Office Address
SAME

4. State/Country of Formation

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Date Organized or Qualified
To Do Business in Florida

City & State

Bonita Springs, FL

City & State

6. FEI Number **26-4447382**

☐ Applied For

☐ Not Applicable

Zip **34135**

Country
US

Zip

Country

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
Thomas O. Wells, P.A.

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

Suite, Apt. #, Etc.

City
Coral Gables

State
FL

Zip Code
33134

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

Thomas O. Wells

REGISTERED AGENT MUST SIGN

Date **4-18-14**

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	STUDER, DOUG	10951 Bonita Beach Road	Bonita Springs, FL 34135

11. E-mail Address: **Mechelle@twellsllaw.com**

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Doug Studer

Date **4-16-14**

Daytime Phone # **305-444-0016**

Typed or printed name of signing Authorized Representative/Manager

DOUG STUDER

RE 4/28/14