

# APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **L80355**

1. Corporation Name

**WHITE STAR FARMS, INC.**

Principal Place of Business

Mailing Address

25005 SW 193 AVE  
HOMESTEAD FL 33031  
US

% EUGENE E. STEARNS  
150 W. FLAGLER ST. 2200 MUSEUM TOWER  
MIAMI FL 33130

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida

06/14/1990

5. FEI Number

65-0201672

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	STEARNS, DIANA D	180 CAPE FLORIDA DR.	KEY BISCAYNE FL 33149
D	STEARNS, EUGENE E	180 CAPE FLORIDA DR.	KEY BISCAYNE FL 33149
D	STEARNS, JENNIFER D	180 BUTTONWOOD DRIVE	KEY BISCAYNE FL 33149

200003529322--2  
-01/09/01--01036--022  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address

STEARNS, EUGENE E  
150 W. FLAGLER ST.  
2200 MUSEUM TOWER  
MIAMI FL 33130

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

Date **12/14/00**

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

**Diana D. Stearns**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**12/14/00 (305) 361-3198**

**KE**