

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 APR 15 AM 9:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L91916**

**1. Corporation Name**

STAR MOTORS OF COLUMBIA, INC.

**2. Principal Office Address**

1780 E. DUVAL STREET

Suite, Apt. #, etc.

#101

City & State

LAKE CITY, FLORIDA

Zip

32055

Country

COLUMBIA

**3. Mailing Office Address**

1780 E. DUVAL STREET

Suite, Apt. #, etc.

#101

City & State

LAKE CITY, FLORIDA

Zip

32055

Country

COLUMBIA

**REINSTATEMENT 01-09**

**4. Date Incorporated or Qualified**

To Do Business in Florida 08/08/1990

**5. FEI Number**

593042569

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☒**

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

WILLIAM J HALEY

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

10 NORT COLUMBIA STREET

Suite, Apt. #, Etc.

City

LAKE CITY

State

FL

Zip Code

32055

300032755803

04/14/04--01053--025 \*\*124.75

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

*W. J. Haley*

Date

4-2-4

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D P	F.S. OOSTERHOUDT	1780 E. DUVAL STREET #101	LAKE CITY, FL 32055

**10. 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.**

SIGNATURE:

*F.S. Oosterhoudt*

F.S. Oosterhoudt 4-12-04

386-752-8086

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)