

△ Tear Here △

△ Tear Here △

△ Tear Here △

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

1. **DOCUMENT #** L99000007588
Name and Mailing Address

2004 JUL 26 A 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0003602 01 AT 0.292 **AUTO T5 0 0615 32809-786114



STARFISH RENT A CAR, L.L.C.
1614 MCCOY ROAD
ORLANDO FL 32809-7861



2. New Mailing Address 8126 BENRUS STREET		4. State/Country of Formation FL	
City, State, Zip ORLANDO, FL 32827		5. Date Organized or Qualified To Do Business in Florida 11/09/1999	
Principal Place of Business 1614 MCCOY ROAD ORLANDO FL 32809	3. New Principal Place of Business Address 8126 BENRUS STREET City, State, Zip ORLANDO FL 32827		6. FEI Number 59-3614672 Applied For <input type="checkbox"/> Not Applicable
8. Name and Address of Current Registered Agent MILFORD, COURTNEY 1614 MCCOY ROAD ORLANDO FL 32809		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
		9. Name and Address of New Registered Agent Name 200025025482 Street Address (P.O.) 07/26/04--01074--001 **50.00 City 200025025482 11/25/03--01024--008 **150.00 FL	
10. 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 Courtney Milford Date 1/27/04 REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	MILFORD, COURTNEY	5095 SUNSET CT.	WINDERMERE FL 34786

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 **Courtney Milford** Date **1/27/04** Daytime Phone # **407438-0083**

Typed or printed name of signing Managing Member/Manager

CR2E084 (7/03)

REINSTATEMENT 03-04 dec