
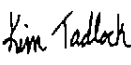
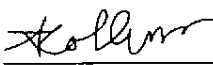


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

| | | | |
|---|---|--|--------------------|
| LIMITED LIABILITY COMPANY REINSTATEMENT | |  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # 1. Limited Liability Company's Name <div style="font-family: cursive; font-size: 1.2em; margin-top: 10px;">Southern Star</div> <div style="font-family: cursive; font-size: 1.2em; margin-top: 10px;">M 2200000 3857</div> | | | |
| 2. Principal Office Address - No P.O. Box # 601 Sawyer St, Suite 600 State Apt #, etc City & State Houston, Texas Zip Country 77007 USA | | 3. Mailing Office Address 601 Sawyer St, Suite 600 State Apt #, etc City & State Houston, Texas Zip Country 77007 USA | |
| 4. State/Country of Formation Texas | | 5. Date Organized or Qualified To Do Business in Florida 3/14/2022 | |
| 6. FEI Number n/a | | Applied For <input checked="" type="checkbox"/> Not Applicable | |
| 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> | | \$5.00 Additional Fee required for a certificate of status | |
| 8. Name and Address of Current Registered Agent Name Capitol Corporate Services, Inc. Street Address (P.O. Box Number is Not Acceptable) Suite 515 E. Park Avenue, 2nd FL Apt #, Etc City State Zip Code Tallahassee FL 32301 | | | |
| 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  Kim Tadlock, as Asst. Secretary Date 12/30/2024 REGISTERED AGENT MUST SIGN | | | |
| 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 |
| VP | Adrienne Collins | 601 Sawyer St., Suite 600 | Houston, TX 77007 |
| | | | |
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| | | | |
| | | | |
| | | | |
| | | | |
| 11. E-mail Address <u>chris@sorensenes.com</u> <small>(To be used for future annual report notifications)</small> | | | |
| 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 605, 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 requirement 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S. | | | |
| Signature of authorized representative/member  | | Date 12/30/2024 Daytime Phone # 713-586-2612 | |
| Typed or printed name of signing authorized representative/member <u>Adrienne Collins, VP of Administration</u> | | | |

FILED

2024 DEC 30 AM 10:20

SECRETARY OF STATE
DIVISION OF CORPORATIONS

CR2E041 (1/14)

DEC 30 2024



Filing Cover Sheet

Sunbiz Prepaid Account # I20160000017

To: Florida Division of Corporations

From: LESLIE SELLERS C/O Capitol Services, Inc.

Date: 12/30/2024

Trans#: 1523206

Entity Name: SOUTHERN STAR ST, LLC - M22000003857

Articles of Organization ()

Articles of Dissolution ()

Conversion ()

Foreign Qualification ()

Limited Partnership ()

Reinstatement (XXX)

Other ()

Amendment ()

Annual Report ()

Fictitious Name ()

Limited Liability ()

Merger ()

Withdrawal / Cancellation ()

Partnership Registration ()

STATE FEES PREPAID WITH SUNBIZ ACCT #I20160000017 in the amount of \$238.75

PLEASE RETURN:

Certified Copy () Plain Stamped Copy (XXX)

Good Standing () Certificate of Fact ()