

APPLICATION FOR  
REINSTATEMENT FOR  
LIMITED LIABILITY COMPANY



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Morham**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

**99 NOV -5 AM 8:15**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Make Check Payable To: FLORIDA DEPARTMENT OF STATE**

1 Name and Mailing Address  
of Limited Liability Company

**DOCUMENT # M97 600000 279**

**STELLAR INVESTMENTS, LLC  
5310 CYPRESS CENTER DRIVE SUITE 115  
TAMPA, FL 33609**

1a. Principal Place of Business Address

**REINSTATEMENT 08-99**

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2 Principal Place of Business

2a. Mailing Address

3. Date Organized or Qualified

3a. State of Formation

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**5/13/98**

**TEXAS**

4. FEI Number

☐ Applied For

City & State

City & State

**75-2900661**

☐ Not Applicable

Zip

Country

Zip

Country

5. Date of Last Report

6. Certificate of Status Desired

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent

**FRANK SAVORELLI  
5310 CYPRESS CENTER DR.  
TAMPA, FL 33609**

Name

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

Suite, Apt. #, etc.

City

Zip Code

**FL**

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 606, F.S.

Signature of  
Registered Agent

*Frank Savorelli*

Date **10-19-99**

REGISTERED AGENT MUST SIGN

10. Title

Managing Members/Managers

Business Street Address

City, State & Zip Code

**MEM**

**FRANK SAVORELLI**

**5310 CYPRESS CENTER DR**

**TAMPA, FL 33609**

**800003047328--6  
-11/17/99--01061--024  
\*\*\*\*200.00 \*\*\*\*200.00**

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 606, 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 606.406, 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

*Frank Savorelli*

Date **10-19-99**

Daytime Phone #

Typed or printed name of signing Managing Member/Manager