REINSTATEMENT 2001-A

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED
01 JAN 17 AM 9:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Read Instructions on Other Side Before Making Entries
Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: DOCUMENT # M98-621

Starpointe Florida, LLC
221 Ponte Vedra Park Drive, Suite 300
Ponte Vedra Beach, Florida 32082

2. If Address in Block 1 is incorrect in any way, enter the correct address below:

Address: 1900 Main Street, #350

City and State: Irvine, CA Zip Code: 92614

3. If Principle Office Address is different from mailing address, enter address below:

Address:

City and State: Zip Code:

4. Date Incorporated or Qualified To Do Business in Florida	5. FEI Number	FEI Number Applied For ☐	6. $8.75 Additional Fee required for a Certificate of Status
6/4/1998	276306113	FEI Number Not Applicable ☐	CERTIFICATE OF STATUS DESIRED ☐

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
~~MGRM~~	~~Timothy L. Strader~~	~~840 Newport Center Drive, Suite 420~~	~~Newport Beach, CA 92660~~
MGRM	Timothy L. Strader, Sr.	1900 Main Street, #350	Irvine, CA 92614
			700003572348?--3
			-01/24/01--01087--001
			****200.00 ****200.00

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

C T Corporation System
1200 South Pine Island Road
Plantation, Florida 33324

9. If changed, new registered agent / office

Name:

Street Address (Do NOT Use P.O. Box Number):

Street Address (Do NOT Use P.O. Box Number):

City: State: FL. Zip:

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: Barbara A Burke BARBARA A. BURKE SPECIAL ASSISTANT SECRETARY Date: 12/20/00

REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

13. 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., and that all fees owed by the corporation 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 Officer or Director: X [signature] Date: 12/20/2000 Daytime Phone #:

Typed or printed name of signing officer or director: Timothy L. Strader, Sr.

CR2E045 (9-97)