

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAY 23 AM 10:34

DOCUMENT # 798000000763

**1. Corporation Name**

MARY STARNES' SHOP, L.L.C.

**2. Principal Office Address**

13934 Intracoastal Sound Dr.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32224

Country

USA

**3. Mailing Office Address**

13934 Intracoastal Sound Dr.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32224

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

07-13-1998

**5. FEI Number**

62-1747227

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☒**

\$3.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 03-05

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

Name

Beth McCabe

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

13934 Intracoastal Sound Dr.

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32224

100055146401

05/23/05--01065--003 \*\*150.00

**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

*Beth McCabe*

Date 05/07/2005

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
MGR	Mary Starnes King	13934 Intracoastal Sound Dr.	Jacksonville, FL 32224
MGRM	William Starnes King	37 Windspray Court	Santa Rosa Beach, FL 32459

**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: *Mary Starnes King* Mary Starnes King

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/019/2005

Date

(904) 221-6339

Daytime Phone #

CR2E081 (01/05)