

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

04 JAN -2 AM 11:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N02000005291**

1. Corporation Name

STARFISH SPORTS, INC.

REINSTATEMENT 03

Principal Place of Business

Mailing Address

6967 SUNSET DRIVE SOUTH
SUITE 2
S. PASADENA FL 33707

6967 SUNSET DRIVE SOUTH
SUITE 2
S. PASADENA FL 33707

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/12/2002

5. FEI Number

Copy
Attached

☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status



500025938585
01/02/04--01051--004 **61.25

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P/D	Christopher J. Lauber	6161 7th Ave. N. St. Petersburg, FL	St. Petersburg, FL 33710
VP/D	Raissa Lauber	6161 7th Ave. N	St. Petersburg, FL 33710
SLT/D	Patricia Lauber-Waltrich	6434 2nd Palm Pt.	St. Pete Beach, FL 33706

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LAUBER, CHRISTOPHER J
6967 SUNSET DRIVE SOUTH
SUITE 2
S. PASADENA FL 33707

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Christopher J. Lauber
REGISTERED AGENT MUST SIGN

Date **12/31/03**

11. 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:

Christopher J. Lauber
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/31/03 **727 347-4440**
Date Daytime Phone #

CR2EQ40 (7/03)

Form **SS-4**

(Rev. February 1998)

Department of the Treasury
Internal Revenue Service**Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

► Keep a copy for your records.

EIN

OMB No. 1545-0003

Please type or print clearly.	1 Name of applicant (legal name) (see instructions) Startfish Sports, Inc.	
	2 Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name Christopher J. Lauber
	4a Mailing address (street address) (room, apt., or suite no.) 6967 Sunset Drive S.	5a Business address (if different from address on lines 4a and 4b)
	4b City, state, and ZIP code S. Pasadena, FL 33707	5b City, state, and ZIP code
	6 County and state where principal business is located Pinellas County, Florida	
	7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ► Christopher J. Lauber SS # 148-50-1436	

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

- | | |
|--|--|
| <input type="checkbox"/> Sole proprietor (SSN) _____ | <input type="checkbox"/> Estate (SSN of decedent) _____ |
| <input type="checkbox"/> Partnership <input type="checkbox"/> Personal service corp. | <input type="checkbox"/> Plan administrator (SSN) _____ |
| <input type="checkbox"/> REMIC <input type="checkbox"/> National Guard | <input type="checkbox"/> Other corporation (specify) ► _____ |
| <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative | <input type="checkbox"/> Trust |
| <input type="checkbox"/> Church or church-controlled organization | <input type="checkbox"/> Federal government/military |
| <input checked="" type="checkbox"/> Other nonprofit organization (specify) ► Athletic (enter GEN if applicable) _____ | |
| <input type="checkbox"/> Other (specify) ► _____ | |

8b If a corporation, name the state or foreign country (if applicable) where incorporated	State Florida	Foreign country
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9 Reason for applying (Check only one box.) (see instructions)	<input type="checkbox"/> Banking purpose (specify purpose) ► _____
<input checked="" type="checkbox"/> Started new business (specify type) ► Athletic Event Organization	<input type="checkbox"/> Changed type of organization (specify new type) ► _____
<input type="checkbox"/> Hired employees (Check the box and see line 12.)	<input type="checkbox"/> Purchased going business
<input type="checkbox"/> Created a pension plan (specify type) ► _____	<input type="checkbox"/> Created a trust (specify type) ► _____
	<input type="checkbox"/> Other (specify) ► _____

10 Date business started or acquired (month, day, year) (see instructions) 7/12/02 but mostly inactive	11 Closing month of accounting year (see instructions) June
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12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ► **N.A.**

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions)	Nonagricultural 0	Agricultural 0	Household 0
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14 Principal activity (see instructions) ► **Athletic Event Promotion**15 Is the principal business activity manufacturing? ☐ Yes ☒ No
If "Yes," principal product and raw material used ► _____16 To whom are most of the products or services sold? Please check one box.
☒ Public (retail) ☐ Other (specify) ► _____ ☐ Business (wholesale) ☐ N/A17a Has the applicant ever applied for an employer identification number for this or any other business? ☒ Yes ☐ No
Note: If "Yes," please complete lines 17b and 17c.17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.
Legal name ► **WaterCross International, Inc.** Trade name ► **same**17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.
Approximate date when filed (mo., day, year) **March 1991** City and state where filed **St. Petersburg, FL** Previous EIN **59-3057632**Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.
Business telephone number (include area code) **727 347-4440**
Fax telephone number (include area code) **727 343-4804**Name and title (Please type or print clearly.) ► **Christopher J. Lauber**
Signature ► **Christopher J. Lauber** Date ► **12/30/03**

Note: Do not write below this line. For official use only.

Please leave blank ►	Geo.	Ind.	Class	Size	Reason for applying
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STARFISH SPORTS, INC.

6967 Sunset Drive South
South Pasadena, Florida 33707
(727) 347-4440
Fax 343-4804

December 31, 2003

Division of Corporations
Annual Report / Reinstatement Section
P.O. Box 6327
Tallahassee, Florida 32314-6327

Re: Starfish Sports Inc.

Greetings!

Please find enclosed:

- Application for Reinstatement
- Copy of EIN Application
- Check for Annual Report Fee for \$61.25

Please note that since we filed for incorporation for this entity, there has been no activity associated with it. However, we intend to make this organization fully functional in the very near future.

Our lack of activity, combined with an on-going rotation of postal carriers in our area, is the only explanation of why we have not received mail for Starfish Sports, Inc.

Thank you!



Chris Lauber
President/Registered Agent

enclosures: 3

cc: [illegible]

cc: [illegible]

cc: [illegible]

cc: [illegible]