

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N 04000000368

1. Corporation Name

Starlite Townhouses Homeowners Association, Inc.

2. Principal Office Address - No P.O. Box #

721 First Avenue North

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

Zip

33701

Country

USA

3. Mailing Office Address

721 First Avenue North

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

Zip

33701

Country

USA

7. Name and Address of Current Registered Agent

Name

Samuel J. Heller, Esq.

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

721 First Avenue North

Suite, Apt. #, Etc.

City

St. Petersburg

State

FL

Zip Code

33701

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

REGISTERED AGENT MUST SIGN

Date **March 17, 2010**

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
PSTD	Lara Shelton	721 First Avenue North	St. Petersburg, FL 33701 US
VP	Samuel J. Heller	721 First Avenue North	St. Petersburg, FL 33701 US

10. E-mail Address: aboucher@efpalaw.com

(To be used for future annual report notification)

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, I further certify, 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:

Samuel J. Heller, VP

March 17, 2010 727-898-7210

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

10 MAR 19 PM 3:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600172649656
03/19/10--01040--015 **481.25

REINSTATEMENT

06-1D

4. Date Incorporated or Qualified
To Do Business in Florida

01/09/2004

5. FEI Number

050599310

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

3/22/10