

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED

97 JAN -6 AM 8:42

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N94000003259

1. Corporation Name

STAR CENTER, INC.

Principal Place of Business

Mailing Address

~~23560 OLD TRIBBY ROAD~~
BROOKSVILLE FL 34602
US

~~26360 OLD TRIBBY ROAD~~
BROOKSVILLE FL 34602
US

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

4. Date Incorporated or Qualified
To Do Business in Florida

06/30/1994

Suite, Apt. #, etc.

26360 old Tribby Rd

Suite, Apt. #, etc.

26360 old Tribby Rd.

City & State

City & State

5. FEI Number

59-3314852

Applied For

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
DT	RAAB, DEBORAH	26260 OLD TRIBBY ROAD 26360 Tribby	BROOKSVILLE FL
P	RAAB, ROBERT	26360 OLD TRIBBY ROAD Tribby	BROOKSVILLE FL
D	LUPINSKI, JOHN	1520 IVYDALE RD.	SPRING HILL FL 34606
D	HULTON, EDMUND JR.	1211 AMBROSE COURT	SPRING HILL FL 34608
D	WIEDMER, TERRY	3527 DOW LANE	SPRING HILL FL 34609
D	DOFKA, RICHARD	2488 CORONET COURT	SPRING HILL FL 34609

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RAAB, ROBERT

~~26260 OLD TRIBBY ROAD~~
BROOKSVILLE FL 34602

26360 old Tribby Rd

Name

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

Suite, Apt. #, Etc.

200002051932--6

City

01/08/97--01018--010
****297.50

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

Robert Raab

REGISTERED AGENT MUST SIGN

Date 1-2-97

11. 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.)

12. 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:

Robert Raab

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-2-97 (352) 796 1918

Daytime Phone #

C12E000 (7/96)