

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 OCT 23 PM 2:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 900 0000 36465

1. Corporation Name

Stellar Construction Corp

REINSTATEMENT 05-07

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #
8323 N Dixon Ave

3. Mailing Office Address
P O Box 9756

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa Fl

City & State

Tampa Fl

Zip
33604

Country
U S A

Zip
33674

Country
U S A

4. Date Incorporated or Qualified To Do Business in Florida **04/03/2000**

5. FEL Number
59-3644389

☐ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Bruce J Marsteller

Street Address (P.O. Box Number is Not Acceptable)
8519 N Blvd

Suite, Apt. #, Etc.

City
Tampa

State
FL

Zip Code
33604

☐ 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.

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 *Bruce J Marsteller*

Date **10/18/2007**

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
P	Bruce Marsteller	8519 N Blvd	Tampa Fl 33604
m	Robert Schafer	1724 S lake shore dr	Harbor beach Mi 48441

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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 contained in Chapter 119, 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: *Bruce J Marsteller* **BRUCE J MARSTELLER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **10/18/2007**

813-930-9900

Date

Daytime Phone #

10/25
aw