

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000036465

1. Corporation Name

STELLAR CONSTRUCTION CORP

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

8519 N BLVD

Suite, Apt. #, etc.

City & State

TAMPA FL

Zip

33604

Country

USA

3. Mailing Office Address

P.O. BOX 9756

Suite, Apt. #, etc.

City & State

TAMPA FL

Zip

33674

Country

USA

7. Name and Address of Current Registered Agent

Name

BRUCE J MANSTELLER

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

8519 N BLVD

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33604

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 Mansteller

REGISTERED AGENT MUST SIGN

Date 11-2-09

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 MANSTELLER | 8519 N BLVD | TAMPA FL, 33604 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

10. E-mail Address: BRUCE.MANSTELLER2@VERIZON.NET

(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: *Bruce J Mansteller* BRUCE J MANSTELLER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-2-09 88-930-9900

Date

Daytime Phone #

FILED

09 DEC -3 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JA
12-4

500163289945
12/03/09--01036--013 **908.75

CR2E081 (11/09)

REINSTATEMENT 08-09

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3644389

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$6.75 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.