PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

01-02 was

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 NOV 27 PM 3:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000074797

1. Corporation Name
FOUR STAR Utilities INC.

2. Principal Office Address	3. Mailing Office Address
2081 52 AVE N.	P.O. BOX 55791
Suite, Apt. #, etc.: St Pete 1	Suite, Apt. #, etc.:
City & State: FLA.	City & State: St Pete FL
Zip: 33714 Country: PINELLAS	Zip: 33732 Country: PINELLAS

4. Date Incorporated or Qualified To Do Business in Florida 8/2/2000

5. FEI Number 593662701 ☐ 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: Thomas D. Hoaglan

400008769914
11/04/02--01011--004 **300.00

Street Address (P.O. Box Number is Not Acceptable): [redacted] 2081 52 AVE N

Suite, Apt. #, Etc.: S

City: St Pete State: FL Zip Code: 33714 33714

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: X Thom D Hoag
REGISTERED AGENT MUST SIGN

Date 10/30/02

CR2E081 (9/01)

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
Pres	Thomas Hoaglan	2081 52 AVE N	St Pete FL 33714
Sec.	Bonnie Hoaglan	2081 52 AVE N	St Pete FL 33714

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 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: Bonnie L Hoaglan Bonnie L Hoaglan 10/22/02 727-525-1409
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

10/30/02

Florida Department of State,

It has been brought to our attention that Four Star Utilities Inc. has been inactive for some time. Your customer service representive informed us that all mail for us was returned to you by our post office, it was never forwarded to us. Please reinstate Four Star Utilities Inc. Your customer service representive quoted us a fee of $30.00. Enclosed is a check for that amount.

Thank you,

Four Star Utilities Inc.
Thomas P. Hoagland