

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 DEC 31 AM 9:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

PO000000103962
Star Auto Inc

2. Principal Office Address

1215 Canterbury

Suite, Apt. #, etc.

3. Mailing Office Address

1215 Canterbury

Suite, Apt. #, etc.

City & State

Clearwater FL

City & State

Clearwater FL

Zip

33764

Country

US

Zip

33764

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3680779

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

James M. Colman

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

7004 Fern Ct.

Suite, Apt. #, Etc.

City

Tampa

State
FL

Zip Code

33634

100004779351-7
-01/17/02-01002-006
*****58.75 *****58.75

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

James M. Colman

REGISTERED AGENT MUST SIGN

Date

12-27-01

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
P/S	James M. Colman	7004 Fern Ct.	Tampa FL 33634
V/T	Alan Jones	3629 Percival Rd	Orl. FL 32826

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:

James M. Colman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-27-01

Daytime Phone #

727-365-3267
M

CP25001 (2/00)