

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 OCT 23 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000029768**

1. Corporation Name

STARLA BLUE, INC.

Principal Place of Business

67 RIVER DRIVE
ORMOND BEACH FL 32176

Mailing Address

67 RIVER DRIVE
ORMOND BEACH FL 32176

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/22/2001

5. FEI Number

59-3709518

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	VAN-SLUYTMAN, CARL	67 RIVER DRIVE	ORMOND BEACH FL 32176

100008552201
10/23/02--01102--003 **150.00

8. Name and Address of Current Registered Agent

FLORIDA STATE ACCOUNTING
533 N NOVA ROAD STE 115
ORMOND BEACH FL 32174-4421

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/21/02 4410401

CR2E040 (8/02)



CARL C. VANSLUYTMAN
67 RIVER DRIVE
ORMOND BY THE SEA
FLORIDA
32176

282

October 21, 2002

Dear Sir or Madam:

As per our (Barbara) conversation at 12:55 pm, Monday, October, 21st, I am responding to the letter of dissolution filed by the State dated October 4th. This notice is the first of any notice that I have seen and have not received any notices of payment to the state in the amount of \$150. The state's yearly required amount of \$150 would have been paid immediately if I had been aware of it. Being my first year incorporated, I was until today, unaware. I am apologetic for any inconvenience that this may have caused on both ends. I am writing to request that this dissolution can be reversed and rectified without penalties levied on my corporation. I have already made immediate provisions to avoid this situation again in the future. Please review my letter with empathy and understand that this will never happen again. Enclosed is all the information that I received in the mail today as well as a check for the full amount of \$150. Thank you for your time, patience and understanding. It is greatly appreciated.

Sincerely:

Carl C. Vansluytman
President