

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P01000032113

1. Corporation Name

Starkey Enterprises, Inc.

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

7715 Riverview Drive

Suite, Apt. #, etc.

City & State

Riverview, FL

Zip

33569

Country

USA

3. Mailing Office Address

7715 Riverview Drive

Suite, Apt. #, etc.

City & State

Riverview, FL

Zip

33569

Country

USA

**7. Name and Address of Current Registered Agent**

Name

James A. Jimenez, CPA

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

1302 W. Sligh Avenue

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

*James A. Jimenez*  
REGISTERED AGENT MUST SIGN

Date

7/29/09

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
D	David Starkey	7715 Riverview Drive	Riverview, FL 33569
D	Delores Starkey	7715 Riverview Drive	Riverview, FL 33569

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:

*Delores Starkey*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELORES STARKEY

Date

10-2-09

Daytime Phone #

813

240-4696

FILED

09 OCT -8 PM 2:41

FLORIDA DEPARTMENT OF STATE  
ALLAHASSEE, FLORIDA

02-09

REINSTATEMENT

900161503869

10/08/09--01001--013 \*\*300.00

CR2E081 (12/08)

11/20/07 01029 017 - 900.00

4. Date Incorporated or Qualified  
To Do Business in Florida

03/21/2001

5. FEI Number  
59-3711082

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 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.