

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 28 PM 1:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000047499

1. Corporation Name

STAR COVERS PLUS, INC.

Principal Place of Business

4611 SW 44TH AVENUE
FORT LAUDERDALE FL 33314

Mailing Address

4611 SW 44TH AVENUE
FORT LAUDERDALE FL 33314

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

2. New Principal Office Address, If Applicable

4350 Oakes Rd

Suite, Apt. #, etc.

#506

City & State
Ft Lauderdale, FL

Zip
33314

Country
USA

3. New Mailing Office Address, If Applicable

PO Box 737

Suite, Apt. #, etc.

349 Potagon Trail

City & State
Angola, IN

Zip
46703

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/11/2001

5. FEI Number

65-1101567

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSD	WALLINGER, M A	4611 SW 44TH AVENUE 4350 Oakes Rd, #506	FORT LAUDERDALE FL 33314
VTD	WALLINGER, DIANE C	4611 SW 44TH AVENUE 4350 Oakes Rd, #506	FORT LAUDERDALE FL 33314

600024187906
10/28/03--01013--003 **150.00

8. Name and Address of Current Registered Agent

WALLINGER, M A
4611 SW 44TH AVENUE
FORT LAUDERDALE FL 33314

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

M Wallinger
REGISTERED AGENT MUST SIGN

Date 10-22-03

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:

M Wallinger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-22-03

Date

260-665
3447
Daytime Phone #

CR2E040 (7/03)



October 22, 2003

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Reinstatement of Star Covers Plus, Inc. 65-1101567

To Whom It May Concern:

Enclosed is the Application For Reinstatement and a check for \$150 as instructed for reinstatement when we did not receive the two prior UBR notices.

Please reinstate the corporation and send me authorization of same as soon as possible.

Sincerely,

A handwritten signature in black ink that reads "M.A. Wallinger". The signature is fluid and cursive, with a large loop at the end.

M.A. Wallinger
President

Star Covers Plus, Inc.
PO Box 6327
Tallahassee, FL 32314

Star Covers Plus, Inc.

Star Covers Plus, Inc.
4350 Oakes Rd, Ste #506 FT LAUDERDALE, FL 33314
PH. 954.581.1118 FAX 954.584.1126
Toll Free 1.866.SPA.COVR