

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 AUG -9 PM 3:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000066400

1. Corporation Name

STARLING Summit Eye Trays Inc

2. Principal Office Address

2824 NW 58TH BLVD

Suite, Apt. #, etc.

3. Mailing Office Address

PO BOX 357494

Suite, Apt. #, etc.

City & State

GAINESVILLE, FL

City & State

GAINESVILLE, FL

Zip

32606

Country

ALACHUA

Zip

32635

Country

ALACHUA

4. Date Incorporated or Qualified  
To Do Business in Florida

7/02/2001

5. FEI Number

59373 5975

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

MARTHA N. STARLING

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

2824 NW 58TH BLVD

Suite, Apt. #, Etc.

City

GAINESVILLE

State

FL

Zip Code

32606

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

Martha N. Starling  
REGISTERED AGENT MUST SIGN

Date 8/05/04

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
<u>DPS</u>	<u>MARTHA N. STARLING</u>	<u>2824 NW 58TH BLVD</u>	<u>GAINESVILLE, FL 32606</u>

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:

Martha N. Starling  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/05/04

Date

Daytime Phone #

CR2E081 (01/04)