


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REINSTATEMENT

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

37 NOV 16 PM 12:22

DOCUMENT # 02000011122

1. Limited Liability Company's Name

Starbird, Inc.

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

950 Live Oak St

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Maitland FL

City & State

Zip

Country

32751

Orange

Zip

Country

CR2E041 (1/07)

4. State/Country of Formation

Florida

5. Date Organized or Qualified To Do Business in Florida

2003

6. FEI Number

421531206

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Mark Hara

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

950 Live Oak St

Suite, Apt. #, Etc.

City

Maitland

State

FL

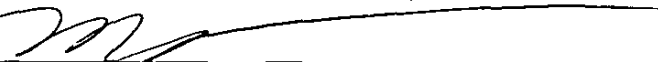
Zip Code

32751

☒ A \$100 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 \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent



REGISTERED AGENT MUST SIGN

Date 10-24-07

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
P	Mark Hara	950 Live Oak St	Maitland, FL 32751

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager



Date

10/24/07

Daytime Phone #

407-539-0887

Typed or printed name of signing Managing Member/Manager

Per conversation with Mrs Ellen Hara on 11/21/07 at 12:30 pm Mark