

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JAN 20 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000055830

1. Corporation Name

Star Coaches USA, Inc.

2. Principal Office Address
12586 SE 140th Ave

Suite, Apt. #, etc.

City & State

Ocklawaha, Florida

Zip

32179

Country

USA

3. Mailing Office Address
21 N Magnolia Avenue

Suite, Apt. #, etc.

2nd Floor

City & State

Ocala, Florida

Zip

34475

Country

USA

REINSTATEMENT 03-05
MRD

4. Date Incorporated or Qualified
To Do Business in Florida 05/20/2002

5. FEI Number

☒ 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

Phillip H. Bare

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

12586 SE 140th Avenue

Suite, Apt. #, Etc.

City

Ocklawaha

State

FL

Zip Code

32179

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

Date 1/19/05

REGISTERED AGENT MUST SIGN

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	Phillip H. Bare	12586 SE 140th Avenue	Ocklawaha, FL 32179

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/19/05

Daytime Phone #

CR2E081 (01/05)