

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

3. Mailing Office Address
21 N Magnolia Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.
2nd Floor

City & State

Ocklawaha, Florida

City & State

Ocala, Florida

Zip

32179

Country

USA

Zip

34475

Country

USA

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

REINSTATEMENT 03-05
MRD

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 Zip Code
FL 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

Phillip H. Bare

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

603045102556
01/20/05--01033--011 **750.00

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:

Phillip H. Bare

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/19/05

Daytime Phone #

CR2E081 (01/05)