

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P02000079187**

1. Corporation Name

FENSTAR, INC.

Principal Place of Business

Mailing Address

111 BIRMINGHAM DRIVE
POINCIANA F: 34758

111 BIRMINGHAM DRIVE
POINCIANA F: 34758

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/19/2002

5. FEI Number

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
PD	JONESON, JAMES D	111 BIRMINGHAM DRIVE	POINCIANA F; 34758
VD	GRILLON, RAYMOND	111 BIRMINGHAM DRIVE	POINCIANA F; 34758
STD	SANDERS, JERRY D	111 BIRMINGHAM DRIVE	POINCIANA F; 34758

000028228150
02/05/04--01016--003 **300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JONESON, JAMES D
111 BIRMINGHAM DRIVE
POINCIANA FL 34758

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

James D. Joneson
REGISTERED AGENT MUST SIGN

Date 1-21-04

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JERRY D. SANDERS

Date

1-21-04

Daytime Phone #

321-303-4619

FILED

04 FEB -5 PM 1:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 03-84

CR2E040 (7/03)

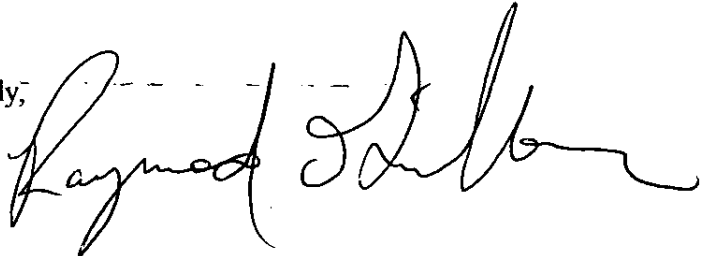
January 29, 2004

To Whom It May Concern:

Please find enclosed the completed application form for reinstatement with the filing fee of \$300.00 dollars.

We are requesting the reinstatement penalty fee be waived as we did not receive the two prior uniform business report (UBR) notices. The notice of Administrative Dissolution or Revocation was the first paper work we received regarding a corporation annual report /uniform business report needing to be filed with the State of Florida each year.

Respectfully,

A handwritten signature in black ink, appearing to read "Raymond Grillon", written over a horizontal dashed line.

Raymond Grillon
Vice President
Fenstar, Inc.