

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 NOV 18 PM 4:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000015345

1. Entity Name

Starfish Networks, Inc



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4344 Sea Grape Drive

Suite, Apt. #, etc.

3. Mailing Address
4344 Sea Grape Drive

Suite, Apt. #, etc.

REINSTATEMENT 03

DO NOT WRITE IN THIS SPACE

City & State
Lauderdale by the Sea

City & State
Lauderdale by the Sea

4. FEI Number
61-1430047

Applied For
Not Applicable

Zip
33308

Country
US

Zip
33308

Country
US

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name ~~Corporation Service Company~~ ZAJDEL, JAMES R

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

~~4201 Hays Street~~ 6 White Rock Place

City ~~Tallahassee~~ Palm Coast FL Zip Code 32164

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE 10/10/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
James R Zajdel
6 White Rock Place
Palm Coast FL 32164

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
600024803946
11/18/03--01045--029 **150.00

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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all the like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James R Zajdel

10/10/03

Date

Daytime Phone #

(386) 445-0955

CR2E034B (12/02)

11/11/03

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Mam/Sir,

We recently received an application for reinstatement indicating that our annual report was late or missing. Additionally, a notice of administrative dissolution was included.

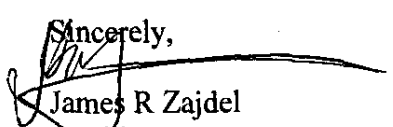
We are a brand new company and were completely unaware that this, or any other forms, had to be submitted by us directly. We were under the impression that these forms would be handled by our Registered Agent.

We have since realized that our presumptions were incorrect and in addition to replacing our current Registered Agent, have taken an active role in ensuring that this will never happen again.

Unfortunately, due to heavy financial constraints, the reinstatement fee being imposed is cost prohibitive to the future success of our company. We are seeking deferment of this penalty and are open to any suggestions.

Once again, please accept our apology and if there are any questions or concerns, please contact James R Zajdel at 754-224-6094 or 386-445-0955

Sincerely,



James R Zajdel
President
Starfish Networks Inc
6 White Rock Place
Palm Coast FL 32164