

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P04000024845

**1. Corporation Name**

Pasco Star, Inc.

**2. Principal Office Address**

6520 Ridge Road

Suite, Apt. #, etc.

**3. Mailing Office Address**

6520 Ridge Road

Suite, Apt. #, etc.

**City & State**

Port Richey, Florida

**City & State**

Port Richey, Florida

Zip  
34668

Country  
USA

Zip  
34668

Country  
USA

**REINSTATEMENT**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

2/1/2004

**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**

Bryan D. Gilchrist

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

6520 Ridge Road

Suite, Apt. #, Etc.

**City**

Port Richey, Florida

State  
FL

Zip Code  
34668

**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 12/8/06

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
P	Alexandros Kolokithas	6520 Ridge Road	Port Richey, Florida, 34668

100082778151  
12/25/06 01049-021 \*\*300.00

**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 contained in Chapter 119, 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

12-8-06 727 9197642

Date

Daytime Phone #

8. Mch-3 DEC 26 2006

# Pasco Star, Inc.

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December 8, 2006

Florida Department of State  
Secretary of State  
Division of Corporations  
PO Box 6327  
Tallahassee, Florida 32314

RE: Document #P04000024845; Pasco Star, Inc.

To Whom It May Concern:

This letter is to inform you that we did not receive the annual report notices in the year of dissolution for the above mentioned corporation due to the fact that the address on file was no longer valid.

Thank you,



Alexandros Kolokithas  
President,  
Pasco Star, Inc.