

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 DEC -5 PM 12: 14

DOCUMENT # P04000077936

1. Entity Name
MJSTARZACHER ENTERPRISES INC



Principal Place of Business
3858 EUNICE RD
JACKSONVILLE, FL 32250

Mailing Address
3858 EUNICE RD
JACKSONVILLE, FL 32250

2. Principal Place of Business

2956 CAPTIVA BLUFF RD S

Suite, Apt. #, etc.

3. Mailing Address

2956 CAPTIVA BLUFF RD S

Suite, Apt. #, etc.



11302005 REIN-P CR2E098 (6/04)

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

4. FEI Number

Applied For

Not Applicable

Zip
32226

Country
USA

Zip
32226

Country
USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STARZACHER, MICHAEL J
3858 EUNICE RD
JACKSONVILLE, FL 32250

7. Name and Address of New Registered Agent

Name

MICHAEL J STARZACHER

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

2956 CAPTIVA BLUFF RD SOUTH

City

JACKSONVILLE

FL

Zip Code

32226

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! - FEE IS \$150.00

After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P
NAME STARZACHER, MICHAEL J
STREET ADDRESS 3858 EUNICE RD
CITY-ST-ZIP JACKSONVILLE, FL 32250

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.

TITLE PRESIDENT
NAME MICHAEL J. STARZACHER
STREET ADDRESS 2956 CAPTIVA BLUFF RD SOUTH
CITY-ST-ZIP JACKSONVILLE FL 32226

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MICHAEL STARZACHER 11/30/05

12/baw