

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P06000119548

1. Corporation Name

STELLAR INTERNATIONAL, INC

2. Principal Office Address - No P.O. Box #

2900 HARTLEY RD

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip

32257

Country

USA

3. Mailing Office Address

2900 HARTLEY RD

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip

32257

Country

USA

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

SEPTEMBER 15, 2006

5. FEI Number

20-5960740

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

7. Name and Address of Current Registered Agent

Name

MICHAEL A. WODRICH

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

1301 RIVERPLACE BOULEVARD

Suite, Apt. #, Etc.

1500

City

JACKSONVILLE

State

FL

Zip Code

32207

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

REGISTERED AGENT MUST SIGN

Date

9/26/2008

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
CEO	RONALD FOSTER, JR	2900 HARTLEY RD	JACKSONVILLE, FL, 32257
COO	MICHAEL SANTARONE	2900 HARTLEY RD	JACKSONVILLE, FL, 32257
SECR	SCOTT V. WITT	2900 HARTLEY RD	JACKSONVILLE, FL, 32257
TRES	SCOTT V. WITT	2900 HARTLEY RD	JACKSONVILLE, FL 32257

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]

SCOTT V. WITT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/23/08

Date

904-260-2900

Daytime Phone #

FILED

08 OCT -3 PM 4:03

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

07-08

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10/03/08 01058 005 **300.00

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