

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 OCT -3 PM 4:03
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000119548

1. Corporation Name

STELLAR INTERNATIONAL, INC

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

2900 HARTLEY RD

Suite, Apt. #, etc.

3. Mailing Office Address

2900 HARTLEY RD

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

Zip

32257

Country

USA

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

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

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10/03/08 01053 005 **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:

SCOTT V. WITT

9/23/08

904-260-2900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/30