

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P15000094433

1. Corporation Name

Starboard Home, Inc.

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

31003 US Hwy. 19 N

Suite, Apt. #, etc

City & State

Palm Harbor, FL

Zip

34684

Country

USA

3. Mailing Office Address

31003 US Hwy 19 N

Suite, Apt. #, etc

City & State

Palm Harbor, FL

Zip

34684

Country

USA

300321681293

12/04/18--01012--026 **\$35.00

CRCE081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

11-19-2015

5. FEI Number

81-0978588

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED
No

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Wendy Schmidt

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

31003 US Hwy 19 N

Suite, Apt. #, Etc.

City

Palm Harbor

State

FL

Zip Code

34684

FILED
18 DEC -4 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of
Registered Agent

Wendy Schmidt
REGISTERED AGENT MUST SIGN

Date 11-13-2018

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
DPST	Wendy Schmidt	31003 US Hwy 19 N	Palm Harbor FL 34684
		DEC 10 2018	
		S. YOUNG	

10. E-mail Address: wendy@mystarboardhome.com
(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in § 817.155, F.S.

SIGNATURE:

Wendy Schmidt, Pres. Wendy Schmidt, Pres.

Date

11-13-2018 858-332

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #