

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
04 JUL 21 PM 2:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P21990**

**1. Corporation Name**

STARSFELL FARMS, INC.

**2. Principal Office Address**

c/o Bank of America, 901 Main St.

Suite, Apt. #, etc.

12th Floor

**City & State**

Dallas, Texas

**Zip**

75202-3714

**Country**

U.S.A.

**3. Mailing Office Address**

P.O. Box 842056

Suite, Apt. #, etc.

**City & State**

Dallas, Texas

**Zip**

75284-2056

**Country**

U.S.A.

**REINSTATEMENT** 02-04

**4. Date Incorporated or Qualified**

To Do Business in Florida 12/05/1988

**5. FEI Number**

63-0887825

**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**

Corporation Service Company

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

1201 Hayes Street

Suite, Apt. #, Etc.

**City**

Tallahassee

**State**  
**FL**

**Zip Code**  
**32301**

**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**

*Deborah D. Skipper*

Deborah D. Skipper

**Date** 7/21/04

REGISTERED AGENT MUST SIGN

Asst. V. Pres.

**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
D/P	Gene L. Dunbar	Bank of America Plaza 300 Convent Street	San Antonio, Texas 78205-3701
D/V/S/T	Cynda S. Walker	Bank of America Plaza 901 Main Street, 12th Floor	Dallas, Texas 75202-3714
D/V	Lee A. Shelton	Bank of America Plaza 901 Main Street, 12th Floor	Dallas, Texas 75202-3714
D/V	Catherine S. Hood	Bank of America Tower 200 Central Avenue	St. Petersburg, Florida 33701-4353
			000039389090

**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 under section 119.07(3)(f), 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:**

*Cynda S. Walker*

Cynda S. Walker, Vice President

**Date** 7/12/04

**Daytime Phone #** (214) 209-9550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 814126 6258A

AUTHORIZATION : Patricia Pizulo

COST LIMIT : \$1050.00

ORDER DATE : July 21, 2004

ORDER TIME : 10:51 AM

ORDER NO. : 814126-005

CUSTOMER NO: 6258A

CUSTOMER: William L. Owens, Esq  
Bond Schoeneck & King, P.a.  
Suite 250  
4001 Tamiami Trail North  
Naples, FL 34103

DOMESTIC FILINGS

NAME: STARSFELL FARMS, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Heather Chapman

EXAMINER'S INITIALS

RECEIVED  
04 JUL 21 PM 12:46  
DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA