

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 MAR 12 PM 4:09

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P31981

1. Corporation Name

Star Services Inc. of Delaware

2. Principal Office Address

140 Intracoastal Pt. #410

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

#410

Suite, Apt. #, etc.

City & State

Jupiter, Florida

City & State

Zip

33477

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12-3-1990

5. FEI Number

41-1669436

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

Prentice Hall Corporation System, Inc.

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

1201 Hays St.

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  
Asst. V. Pres.

Date 3/12/04

REGISTERED AGENT MUST SIGN

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
P	Peter R. DeGeorge	3201 Pilots Point Circle	Jupiter, FL 33477
VP	James G. Einloth	206 Waterbend Dr.	Jupiter, FL 33477

500030599415  
03/17/04--01016--034 \*\*1500.00

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 under section 119.07(3)(i), 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:

James M. Erbit

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-04

Date

561-748-5108

Daytime Phone #

CR2E081 (01/04)