

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 DEC 10 PM 4:00

DOCUMENT # P 94000072815

1. Corporation Name

American Star Valve Corporation

2. Principal Office Address

3505 Tarpon Woods Blvd.

Suite, Apt. #, etc.

I-408

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Palm Harbor, FL

City & State

Zip

34685

Country

US

Zip

Country

REINSTATEMENT 97-01

4. Date Incorporated or Qualified
To Do Business in Florida

10/4/94

5. FEI Number

513237537

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

Brian Crider

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

3505 Tarpon Woods Blvd.

Suite, Apt. #, Etc.

I-408

City

Palm Harbor

100004726651

-12/14/01--01042-030

***1358.75 ***1358.75

State

FL

Zip Code

34685

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

X Brian D. Crider

REGISTERED AGENT MUST SIGN

Date

Nov. 30, 2001

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
Director	Brian Crider	3505 Tarpon Woods Blvd. Palm Harbor, FL 34685	Palm Harbor, FL 34685
CEO	Don Whitehead	Bayfront Tower #2310 One Beach Dr. SE St. Petersburg, FL 33701	St. Petersburg, FL 33701

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:

X Brian D. Crider (Brian D. Crider)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Nov. 30, 2001 (927) 289-3912

Daytime Phone #

CR2E081 (9/00)