

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  
00 JUN -23 AM 11:20

**DOCUMENT #** P95000009690

**1. Corporation Name**

All Star Real Estate Services Unlimited, Inc.

**2. Principal Office Address**

~~36008 Emerald Coast Pkwy~~ ~~36008 Emerald Cst Pkwy~~  
Suite, Apt. #, etc.

~~Ste 501E~~  
City & State

~~Destin, FL~~

Zip Country

~~32541~~ U.S.

**3. Mailing Office Address**

~~36008 Emerald Cst Pkwy~~  
Suite, Apt. #, etc.

~~Ste 501E~~  
City & State

~~Destin, FL~~

Zip Country

~~32541~~ U.S.

**REINSTATEMENT** 99-60

**4. Date Incorporated or Qualified  
To Do Business in Florida**

5/95

**5. FEI Number**

59-3298389

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

Susan K. McGinnis

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

36008 Emerald Coast Pkwy

Suite, Apt. #, Etc.

Ste 501E

City

Destin

State

FL

Zip Code

32541

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**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

*Susan K. McGinnis*

Date 5-18-2000

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
Pres	Susan K. McGinnis	45 Gulf Dunes Lane	Santa Rosa Bch, FL 32459

**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:**

*Susan K. McGinnis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-18-2000

Date

(850) 837-5523

Daytime Phone #

CR2E081 (9/99)