

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

01 NOV -1 PM 2:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # P 950000 92431

1. Corporation Name

Starling's Suwannee Marine, Inc

2. Principal Office Address

20 Canal St.

Suite, Apt. #, etc.

City & State

Suwannee FL

Zip

32692

Country

USA

3. Mailing Office Address

265 Magnolia Pl.

Suite, Apt. #, etc.

City & State

Dunwoody, GA

Zip

31312

Country

USA

REINSTATEMENT 99-01

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

12-4-1995

5. FEI Number

58-2208425

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

Raymon M. Starling

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

1 Mullet Dr

Suite, Apt. #, Etc.

LS

City

Suwannee

State

FL

Zip Code

32692

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

Raymon M Starling

REGISTERED AGENT MUST SIGN

Date

11/1/01

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
VP	Raymon Starling	239 Magnolia Place	Dunwoody, GA 31312
P	Margie Starling	239 Magnolia Place	Dunwoody, GA 31312

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***1050.00/ ***1050.00

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:

Raymon M Starling

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/1/01

Date

912-772-3533

Daytime Phone #

CR2E081 (9/00)