

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

Florida DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 NOV 21 PM 11:56

DOCUMENT # P96000027924

1. Corporation Name

KELLY STARKE CONTRACTING, INC.

Principal Place of Business

1105 WURST ROAD
OCOE FL 34761

Mailing Address

POST OFFICE BOX 175
OCOE FL 34761

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

03/29/1996

5. FEI Number

59-3370545

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PD	STARKE, KELLY	1105 WURST ROAD	OCOE FL 34761
STD	STARKE, MICHAELA	1105 WURST ROAD	OCOE FL 34761

300002356893--1
-11/25/97--01067--010
****165.00 ****165.00

8. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Michaela Starke
REGISTERED AGENT MUST SIGN

Date 11-17-97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information on intangible tax.)

12. 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:

Michaela Starke
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-17-97 4678773762
Date Daytime Phone #

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FLORIDA DEPARTMENT OF STATE
SANDRA B. MORTIAM
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P96000027924
KELLY STARKE CONTRACTING INC.
1105 WURST ROAD
OCOE FL 34761

I Michaela Starke at Kelly Starke Contracting Inc, do deeply regret not having received one of your annual reports until I recieved this reinstatement form, just having incorporated last March I did not know this was required of me.

Please excuse the tardiness, and be assured that it will not happen again.

Thank you for your understanding,

Michaela Starke
11-18-97

Sincerely Michaela Starke