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GVLF STAR BUILDERS IN C. WALFACTORY Place of Business Mailing Address F. O. BOX 37 DUCLARIAN ISO, FL 32.5 PO - 00.37 Ill above adovesses are incorrect in sey way, line through incorrect stomashing and enter correction below. Suite, Apit, etc. City & State To 32.5 BO OKALOSA TO MAIN TO THE PROPERTY OF ACCIDENCE OF THE PROPERTY OF					
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14 CSCANAGO RUE. P.O. GOX 37 UNCHARA ISO, FL 32 5 PO - 0-0 37 I above addresses an incurrent in the requirement in formation and enter correction below. 2. New Principal Office Address. It Applicable 3. New Making Office Address. It Applicable 5. It Applicable 5. FET Number 5. State 79 32580 Country 0 KALPOSA 79 32580 CARLOSA 79 70 70 70 70 70 70 70 70 70 70 70 70 70	. 6 `	ULF STAR BUILDER	S INC.		
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Sacrative Sacr			City & State		
Name of Officers and/or Directors Sirce Address of Each	^წ 325	80 Country OKALOGSA	62580	<u> </u>	CERTIFICATE OF STATUS DESIRED Lof a Certificate of Statu
RESTORENT SAMES A. MICEURULE, FL 32578 2325 CANRL DR. VALPARATSO, FL 3258 LINES OF L 3258 VALPARATORSO, FL 3258 SIDIO 2381585 -12/23/97-01123-010 *****173.75 *****173.75 *****173.75 *****173.75 Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt #, Etc. City FL State Zip Code FL Registered Agent Müst sign PREGISTERED AGENT MÜST SIGN 1. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (Sec other side for information on intangible tax) Legiffy that I am an officer or director or the receiver or trusted environment to execute this application as provided for in almost side for information on intangible tax)	4.15.4				at 3 directors)
2325 CONGLOR. VALUE SCOTTON ON THE STATE OF	(s)	and/or Directors	! o	Officer and/or Director	umbers) 4 City / State / Zip
Name and Address of Current Registered Agent Name Name Name Name Street Address (P.O. Box Number is Not Acceptable) State City State Zip Code FL Date Date One of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax) Lectify that Lam an officer or director or the receiver or this receiver or this specification as provided for in character for a captable for information on intangible tax)	CE ESIDE	noT .			VALPARAISO, FL 32580
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Suite, Apt. #, Etc. City Libeling appointed the registered agent of the above named corporation, an familiar with and accept the obligations of Section 607,0505, F.S. State Zip Code FL S		Name and Address of Curren		1 Name	
Libeling appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607,0505, F.S. State Zip Code FL Sta	(in	W. MILLER			O. Box Number is Not Acceptable)
REGISTERED AGENT MUST SIGN Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (Sec other side for information on inlangible tax.)	(114	W. MILLER ESCANABA RUE	.•	Street Address (P.C	D. Box Number is Not Acceptable)
REGISTERED AGENT MUST SIGN 1. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (Sec other side for information on intangible tax.) 1. Certify that I am an efficer or director or the receiver or trusted empowered to execute this application as provided for in clumps 607 or 617 E. S. I to the receiver of the receiver	<,m 114	W. MILLER ESCANABA RUE	.•	Street Address (P.C Suite, Apt. #, Etc.	-
Dept. of Revenue under S. 199.032, Florida Statutes. Yes No on inlangible tax.)		W. MILLER ESCANABA AUE ARIOISO RL 32	. 580	Street Address (P.C Suite, Apt. #, Etc. City	State Zip Code
. 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 filling this representation is provided for in chapter 607 or 617, F.S. I further certify that when filling the provided for in chapter 607 or 617, F.S. I further certify that when filling the provided for in chapter 607 or 617, F.S. I further certify that when filling the provided for in chapter 607 or 617, F.S. I further certify that when filling the provided for in chapter 607 or 617, F.S. I further certify that when filling the provided for in chapter 607 or 617, F.S. I further certify that when filling the provided for in chapter 607 or 617, F.S. I further certify that when filling the provided for in chapter 607 or 617, F.S. I further certify that when filling the provided for in chapter 607 or 617, F.S. I further certify that when filling the provided for in chapter 607 or 617, F.S. I further certify that when filling the provided for in chapter 607 or 617, F.S. I further certification for the provided for inchapter 607 or 617, F.S. I further certification for the provided for inchapter 607 or 617, F.S. I further certification for the provided for inchapter 607 or 617, F.S. I further certification for the provided for inchapter 607 or 617, F.S. I further certification for the provided for inchapter 607 or 617, F.S. I further certification for the provided for inchapter 607 or 617, F.S. I further certification for the provided for inchapter 607 or 617, F.S. I further certification for the provided for inchapter 607 or 617, F.S. I further certification for further 607 or 617, F.S. I further certification for further 607 or 617, F.S. I further certification for further 607 or 617, F.S. I further certification for further 607 or 617, F.S. I further certification for further 607 or 617, F.S. I furt	. I, being	W. MILLER ESCRUBBA RUE ARIAISO FL 32 appointed the registered agent of the at	. 580 nove named corporation, and familiar w	Street Address (P.C Suite, Apt. #, Etc. City	State Zip Code FL gations of Section 607.0505, F.S.
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 indicates on this application is true and accurate, and my signature shall have the same legal effect as if made under eath.	I, being	ESCANABA AUE ARINISO FL 32 Appointed the registered agent of the at- Agent	S80 Sove named corporation, an familiar was segistered agent must sign any intangible tax to the	Street Address (P.C. Suite, Apt. #, Etc. City	State Zip Code FL gations of Section 607.0505, F.S. Date

12/19/97

TO WHOM IT MAY CONCERN

GULF STAR BUILDERS INC. DID NOT
RECIEVE ITS NOTICES OF NOT FILING ITS
ANNUAL REPORTS BECAMSE OF THIS REASON.
THE LAWYER WHO FICED ITS INCORPORATION
PAPERS TOLD GULF STAR INC. IT COULD NOT
USE A HOME ADDRESS FOR ITS PURCE
OF VENUE, HE SUGGESTED IT USE HIS
OFFICE ADDRESS. AS A RESULT HE MUST
HAVE RECIEVED THE NOTICES BUT DID NOT
NOTIFY BULF STAR INC. BE THEM.
BULF STAR IS CHANGING ITS PLACE OF
VENUE TO ELIMINATE THIS PROBLEM

SINCERLEY, Kim W. MIGO VICE / PRESIDENT