

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


2008 FEB 29 PM 3:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

600119103656  
02/29/08--01008--008 \*\*1350.00

REINSTATEMENT  
CRZE081 (12/07)

04-08

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <del>600119103656</del> P96000076865			
1. Corporation Name Four Star Development, Inc.			
2. Principal Office Address - No P.O. Box # 18822 C R 2054 Suite, Apt. #, etc.		3. Mailing Office Address P.O. Box 1034 Suite, Apt. #, etc.	
City & State Alachua, Fl.		City & State Alachua, Fl.	
Zip 32615	Country USA	Zip 32616	Country USA
7. Name and Address of Current Registered Agent			
Name James D. Shivers			
Street Address (P.O. Box Number is Not Acceptable) 18822 C R 2054			
Suite, Apt. #, Etc.			
City Alachua,		State FL	Zip Code 32615
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 <u>James D. Shivers</u> Date <u>2-26-2008</u> 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
PD	James D. Shivers	18822 C R 2054	Alachua, Fl. 32615
TD	Judy Shivers	7488 NW 121st Land	Alachua, Fl. 32615
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 contained in Chapter 119, 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: <u>James D. Shivers</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		2-26-2008 (386)462-2902 Date Daytime Phone #	