

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 99 NOV 17 PM 12:29
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P97000018414

1. Corporation Name
 STAR BURST PAINTING, INC.

Principal Place of Business Mailing Address
 1585 AMY DRIVE 1585 AMY DRIVE
 YULEE FL ~~32297~~ 32097 YULEE FL ~~32297~~ 32097



REINSTATEMENT

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02/21/1997	
City & State		City & State		5. FEI Number	
Yulee		Yulee		59-3427396	
Zip		Zip		Applied For	
32041		32041		Not Applicable	
Country		Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
FLORIDA		FLORIDA		<input type="checkbox"/> S.S. 750.00 <input type="checkbox"/> S.S. 750.00	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
	MOSES, WILLIAM H JR KAREN MOSES	1585 AMY DRIVE	YULEE FL 32297 32097
			800003061138--0 12/06/89-01021-021 *****750.00 *****750.00
			LS

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
MOSES, WILLIAM H JR 1585 AMY DRIVE YULEE FL 32297		Name KAREN MOSES Street Address (P.O. Box Number is Not Acceptable) 1585 Amy Drive Suite, Apt. #, Etc. City Yulee State FL Zip Code 32097	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.
 Signature of Registered Agent Karen Moses **REQUIRED** Date 10/19/99
 REGISTERED AGENT MUST SIGN

11. 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: Karen Moses **KAREN MOSES** Date 10/19/99 Daytime Phone # 9042774621
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR25040 (8/95)