

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 DEC 20 AM 11:38

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P97000040909

1. Corporation Name

WM. H. STARK GROUP, INC.

Principal Place of Business

Mailing Address

49 SW FLAGLER AVE., STE. 2B3A STUART FL 34994

49 SW FLAGLER AVE., STE. 2B3A STUART FL 34994



REINSTATEMENT 99

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

05/08/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

13-3950153

Applied For Not Applicable

City & State

City & State

STUART FLA.

6.

CERTIFICATE OF STATUS DESIRED I

Zip

Country

Zip

Country

34994

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

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Row 1: P, STARK, WM. H., 49 SW FLAGLER AVE., STE. 2B 3 A, STUART FL 34994. Includes handwritten 'LS' and a stamp with numbers 400003083204--8, -12/29/93--01077--001, \*\*\*\*750.00 \*\*\*\*750.00.

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525

Name

William H. Stark

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

49 SW FLAGLER Ave. Suite 3A

Suite, Apt. #, Etc.

City

Stuart

State

Zip Code

FL

34994

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10-8-99

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: SIGNATURE REQUIRED pres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-8-99

Date

561-285-2060

Daytime Phone #