2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P97000069617 1. Entity Name GULF STAR, INC.							FILED 05 MAY 31 PM 1: 06						
Principal Plac	e of Busines	s ·	Mailing Address										
340 GULF OF MEXICO DR.			340 GULF OF MEXICO DR.				JEUNLIARY OF STATE FALLAHASSEE, FLORIDA						
SUITE 115			SUITE 115				I HELLAMASSEE, FLORIDA						
SARASOTA, FL 34236			SARASOTA, FL 34236				1 1 1 1 1 1 1 1 1 1	(\$111 (\$5)) \$6() 64() 64()	IN BOKE EKIN (1	EITO ATORE ICANE ION	FEEL 91 (EE)		
2. Principal Place of Business			3. Mailing Address										
Suite, Apt. #, etc.			Suite, Apt. #, etc.			0	5272005	REIN-P	CR2E	098 (6/04)			
City & State			City & State			4.	FEI Numbe 65-0783			⊢	plied For t Applicable		
Zip	Country		Zip Cour		ıtry		Certificate	of Status Desired		\$8.75 Add			
	6 Name	and Address of Curren	at Denistered Ament		1		Name and	Addrone of New I		Fee Required	3		
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent Name							
KIRTLEY, WILLIAM T													
2940 S TA	MIAMI TR	}		_			Street Address (P.O. Box Number is Not Acceptable)						
SARASOT	A, FL 342	239		<u> </u>									
					City FL Zip Code								
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.													
SIGNATURE Signature, typed or printed name of regatives agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE													
VICE THE PROPERTY OF THE PROPE													
FILE NOWIII FEE IS \$300.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.										F.S., the notice.			
10.		OFFICERS AN	D DIRECTORS	11.		A	DDITIONS/	CHANGES TO OF	ICERS AND	DIRECTORS	5 IN 11		
TITLE	Р	E	1 10-10	VAEN	Ti (A)	201	Change	☐ Addition					
NAME	LAMBERTI, CAROL				٤		AMBERTI CARUL De 115						
STREET ADDRESS CITY-ST-ZIP		I FRANKLIN DR, B601	8	ET ADDRESS 3	LONGBOAT KEY, FL 34228								
	SARASU	TA, FL 34236						Key, F	L 34				
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CITY-ST-ZIP				CITY	-ST-ZIP								
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CITY-ST-ZIP					ET ADDRESS - ST-Zip	\	. (a						
TITLE	1		☐ Delete	TITL		tJH	(1)) (1)			☐ Change	☐ Addition		
NAME	}		☐ Delete	NAM		X	. • (3			☐ Change	L. Addition		
STREET ADDRESS					ET ADDRESS	4							
CITY-ST-ZIP					-ST-ZIP	1							
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if													
changed, or on an attachment with an adoress, with all other like empowered.													
SIGNATURE: Carol Jun herti 5/27/05 94/387/295													