

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 01 JUN 25 AM 11:06
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P98000108372

1. Corporation Name
 FV C STAR IV, INC.

Principal Place of Business Mailing Address
 10429 GEORGE SMITH ROAD 10429 GEORGE SMITH ROAD
 LITHIA FL 33547 LITHIA FL 33547



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.		01/01/1999	
City & State		City & State		5. FEI Number	
Zip		Country		59-3586395	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

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
VPSD	CLAYTON, KATHI L	10429 GEORGE SMITH ROAD	LITHIA FL 33547
PD	CLAYTON, MICHAEL A	10429 GEORGE SMITH ROAD	LITHIA FL 33547
			500004462005--7
			-07/05/01--01035--031
			***908.75 ***908.75
			REINSTATEMENT 00-01
			TS

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
CLAYTON, KATHI L 10429 GEORGE SMITH ROAD LITHIA FL 33547		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL

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 Kathi L Clayton REGISTERED AGENT MUST SIGN Date 6-4-01

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: Kathi L Clayton, VPSD Date 6-4-01 Daytime Phone # 813-737-3105
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/00)