

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 MAR -9 AM 8:00

DOCUMENT # STARRSCAPE, INC.

1. Corporation Name

P99000028487

2. Principal Office Address

114 Wright Circle

Suite, Apt. #, etc.

3. Mailing Office Address

Po Box 5274

Suite, Apt. #, etc.

City & State

Niceville FL

City & State

Niceville FL

Zip

32578

Country

USA

Zip

32578

Country

USA

**REINSTATEMENT**

03-04  
MRS

4. Date Incorporated or Qualified  
To Do Business in Florida

March 24, 1999

5. FEI Number

59-3384340

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRES

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Marc Anthony Starr

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

114 Wright Circle

Suite, Apt. #, Etc.

City

Niceville

State

FL

Zip Code

32578

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

Marc Starr

Date

2/19/04

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
<u>PRTS</u>	<u>Marc Starr</u>	<u>114 Wright Circle</u>	<u>Niceville, FL 32578</u>

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 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:

Marc Starr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/04

Date

850-897-1147

Daytime Phone #

per Marc Starr  
3/11/04  
MRS

CR2E081 (01/04)