

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 24 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000048212

1. Corporation Name

CRISSTAR DEVELOPMENT GROUP, INC.

Principal Place of Business

Mailing Address

~~300 2ND STREET NORTH~~
~~79~~
~~JACKSONVILLE BEACH FL 32230~~
~~US~~

~~PO BOX 1186~~
~~PONTE VEDRA BEACH FL 32081-1186~~
~~US~~



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

2. New Principal Office Address, If Applicable

60 OCEAN BLVD.

Suite, Apt. #, etc.

#15

City & State

ATLANTIC BEACH, FL

Zip

32233

Country

USA

3. New Mailing Office Address, If Applicable

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/26/1999

5. FEI Number

59-3578744

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	STARK, KEVIN V	600 2ND STREET NORTH, SUITE 19 60 OCEAN BLVD.	JACKSONVILLE BEACH FL 32250 ATLANTIC BEACH, FL 32233
D	STARK, JOANNA R	300 2ND STREET NORTH, SUITE 19 SAME AS ABOVE	JACKSONVILLE BEACH FL 32250

200008573732
10/24/02--01088--012 **150.00

10/24

8. Name and Address of Current Registered Agent

STARK, KEVIN V MR.
95 SANCHEZ DRIVE EAST
PONTE VEDRA BEACH FL 32082

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/23/02

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
KEVIN V. STARK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

10/23/02 (904) 247-3700

CR2E040 (8/02)



October 23, 2002

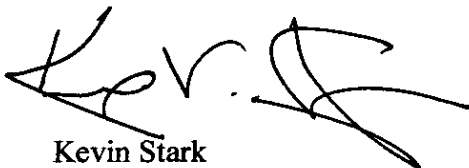
Division of Corporations
Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

To Whom It May Concern:

I received the notice of dissolution regarding my company and am submitting this letter to request a reinstatement and have enclosed a check for \$150.00. I have no record of receiving the two prior uniform business reports. I have moved twice in the last 10 months, which may have been the reason we did not receive them.

I have also included a cancelled check and a piece of corporate letterhead for your records if necessary.

Sincerely,



Kevin Stark