

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

02 JAN -2 AM 10:48

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P99000091158**

1. Corporation Name

ESTAR, INC.

Principal Place of Business

Mailing Address

1950 1ST AVE. NORTH
 ST. PETERSBURG FL 33713

1950 1ST AVE. NORTH
 ST. PETERSBURG FL 33713



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

REINSTATEMENT

2001

2. New Principal Office Address, If Applicable

~~2575 Ulmerton Rd~~
 Suite, Apt. #, etc.
~~350~~

3. New Mailing Office Address, If Applicable

~~2575 Ulmerton Rd~~
 Suite, Apt. #, etc.
~~350~~

4. Date Incorporated or Qualified To Do Business in Florida

10/18/1999

City & State

~~CLEARWATER, FL~~

City & State

~~CLEARWATER, FL~~

5. FEI Number

59-3599984

Applied For

Not Applicable

Zip

Country
 Pinellas

Zip

Country
 Pinellas

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	HARTLEY, TERESA	PO BOX 7930	ST PETERSBURG FL 33734
P	HAIGHT, VAUGHN	4850 Osprey Dr #401	ST PETERSBURG, FL 33711
V	GAGE, GEORGE R.	3605 S. LIGHTNER DR	TAMPA, FL 33629
			200004785572--9 -01/22/02--01024--010 ***750.00 ***750.00 LS

8. Name and Address of Current Registered Agent

HARTLEY, JAMES
 1950 1ST AVE. NORTH
 ST. PETERSBURG FL 33713

9. Name and Address of New Registered Agent

Name
VAUGHN HAIGHT
 Street Address (P.O. Box Number is Not Acceptable)
~~4850~~ **2575 ULMERTON RD**
 Suite, Apt. #, Etc.
SUITE 350
 City
CLEARWATER State **FL** Zip Code **33762**

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

Vaughn Haight
 REGISTERED AGENT MUST SIGN

Date 12/28/01

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: *Vaughn Haight*, VAUGHN HAIGHT 12/28/01 727-572-1919
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/01)