

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 NOV 13 AM 11:10

DOCUMENT # **P99000104009**

1. Corporation Name

STAR ELECTRICAL CONSULTING CORP.

Principal Place of Business

7696 PORTO VECCHIO PLACE
DELRAY BEACH FL 33446

Mailing Address

7696 PORTO VECCHIO PLACE
DELRAY BEACH FL 33446

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/01/1999

5. FEI Number

65-0967240

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
P	BORRESS, HOWARD	7696 PORTO VECCHIO PL	DELRAY BEACH FL 33446
VP	BORRESS, FRANCINE	7696 PORTO VECCHIO PL	DELRAY BEACH FL 33446

500004703725-9
-12/04/01--01033--004
****750.00 ****750.00

10/11/29

8. Name and Address of Current Registered Agent

DUNAY, GARY S
5355 TOWN CENTER ROAD
SUITE 801
BOCA RATON FL 33486

9. Name and Address of New Registered Agent

Name

Howard Borress

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

7696 PORTO VECCHIO PLACE

Suite, Apt. #, Etc.

City

Delray Beach

State

FL

Zip Code

33446

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

Howard Borress
REGISTERED AGENT MUST SIGN

Date

11/7/01

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:

Howard J. Borress
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/11/01

Daytime Phone #

800-2940220

CR2E040 (8/01)