PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1997 DEC -5 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S04260**

1. Corporation Name

STAR BEVEL STUDIO, INC.

Principal Place of Business	Mailing Address
~~1901 N. 15TH STREET~~ ~~TAMPA FL 33605~~ ~~US~~	~~P.O. BOX 75292~~ ~~TAMPA FL 33675-0292~~ ~~US~~

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
6347 Hwy 301 S.	P.O. Box 1268
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Riverview Fl	City & State: Riverview Fla.
Zip: 33569 Country: Hillsborough	Zip: 33568-1268 Country: Hillsborough

4. Date Incorporated or Qualified To Do Business In Florida: 10/05/1990

5. FEI Number: 59-3050509 ☐ 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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
~~PST~~	~~SLOAN, CALVIN~~	~~1901 N. 15TH ST.~~ 6347 Hwy 301 S.	~~TAMPA FL~~ Riverview Fl, 33569
~~V~~	~~MARVILLE, PAUL~~	~~1901 N 15TH ST.~~	~~TAMPA FL~~
~~TR~~ US	~~BENEDICT, MARIE~~	~~1901 N 15TH ST~~	~~TAMPA FL~~

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-12/11/97--01094--008
****758.75 ****758.75

REINSTATEMENT 9168 12-5-97

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
~~SLOAN, CALVIN~~ ~~1901 N 15TH ST~~ ~~TAMPA 33605~~	Name: CALVIN SLOAN Street Address (P.O. Box Number is Not Acceptable): 6347 Hwy 301 S. Suite, Apt. #, Etc. City: Riverview State: FL Zip Code: 33569

CR2E040 (8/97)

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: [signature] REGISTERED AGENT MUST SIGN Date: 12-3-97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☑ No ☐ (See other side for information on Intangible tax.)

12. 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] CALVIN SLOAN 12-3-97 813 248-2627
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

~~SLOAN, CALVIN~~
~~1901 N 15TH ST~~