

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

00 OCT 25 PM 2:23

DOCUMENT # S78027

1. Corporation Name

STARKE 27.5, INC.

Principal Place of Business

Mailing Address

1891 W OAKLAND PARK BLVD  
FT LAUDERDALE FL 33311-1573

1891 W OAKLAND PARK BLVD  
FT LAUDERDALE FL 33311-1573



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

4. Date Incorporated or Qualified To Do Business in Florida

09/05/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0291948

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
PSD	WOLF, MELVIN	1891 W OAKLAND PK BLVD	FT LAUDERDALE FL

500003456265--7  
-11/07/00--01129--002  
\*\*\*\*175.00 \*\*\*\*175.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WOLF, MELVIN  
1891 W OAKLAND PARK BLVD  
FT LAUDERDALE, FL 33311-1573

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.

Signature of Registered Agent

Date 10/23/2000

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MELVIN WOLF PER

10/23/2000

954-731-0311

CR2E040 (8/00)