

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

96 NOV 25 AM 8:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **V61206**

1. Corporation Name

**FIVE STAR CONSOLIDATED, INC.**

Principal Place of Business

12945 SEMINOLE BLVD.  
BLDG. 1, STE. 7  
LARGO FL 34648

Mailing Address

12945 SEMINOLE BLVD.  
BLDG. 1, STE. 7  
LARGO FL 34648

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**REINSTATEMENT** *96*

4. Date Incorporated or Qualified  
To Do Business in Florida

09/01/1992

5. FEI Number

59-3141551

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
DP	DEMELLEWEEK, ROBERT J	12945 SEMINOLE BLVD., BLDG. 1, S	LARGO FL 34648
DS	DEMELLEWEEK, JENNIFER JUNE	12945 SEMINOLE BLVD., BLDG. 1, S	LARGO FL 34648
DV	CONROY, GREGORY	12945 SEMINOLE BLVD., BLDG. 1, S	LARGO FL 34648
DT	ZAMBRANA, ANNAMARIE	12945 SEMINOLE BLVD., BLDG. 1, S	LARGO FL 34648

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-12/02/96-01005-021

\*\*\*\*375-00 \*\*\*\*375-00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DEMELLEWEEK, JENNIFER JUNE  
12945 SEMINOLE BLVD., BLDG. 1, STE. 7  
LARGO FL 34648

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

*Jennifer June Demelleweek*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

*Jennifer June Demelleweek*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-18-96  
Date

815-584-1222  
Daytime Phone #