

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000035759

1. Entity Name
STARSHINE PRODUCTIONS, INC.



FILED
08 DEC 10 PM 4:45
CLERK OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1235 PARK ST N
ST PETERSBURG, FL 33710

Mailing Address

1235 PARK ST N
ST PETERSBURG, FL 33710

2. Principal Place of Business - No P.O. Box #

13600 Oak Run Ct

Suite, Apt. #, etc.

3. Mailing Address

13600 Oak Run Ct

Suite, Apt. #, etc.



11182008 REIN-P CR2E098 (1/07)

City & State

Seminole FL

City & State

Seminole FL

Zip

33776

Country

US

Zip

33776

Country

US

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HETZEL, TARA
634 GREEN VALLEY RD
PALM HARBOR, FL 34683

7. Name and Address of New Registered Agent

Name TARA STILL

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

634 Green Valley Rd

City Palm Harbor

FL

Zip Code

34683

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

T. Still

11/18/08

FILE NOW!!! FEE IS \$150.00

After January 1, 2009, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P/S/ ☐ Delete
NAME AXELROD, AMY
STREET ADDRESS 1235 PARK ST N
CITY-ST-ZIP ST PETERSBURG, FL 33710

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME 13600 Oak Run Ct
STREET ADDRESS Seminole, FL 33776
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 400138880904
STREET ADDRESS 12/10/08--01038--003 **150.00
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/24/08

721 314 7349

Daytime Phone #