

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 26 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

K 74906

1. Corporation Name

Star Properties Group, INC

2. Principal Office Address

3800 South Ocean Drive

Suite, Apt. #, etc.

210

City & State

Hollywood FL

Zip

33019

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

99-03

4. Date Incorporated or Qualified
To Do Business in Florida

8/14/1996

5. FEI Number

65-0790661

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Neil Fairman

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

3800 South Ocean Drive

Suite, Apt. #, Etc.

210

City

Hollywood

State

FL

Zip Code

33019

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

11/19/03

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Neil Fairman	3800 S. Ocean Drive Suite 210	Hollywood, FL 33019
VP	Scott W. Roth	3800 S. Ocean Drive Suite 210	Hollywood, FL 33019
ST	Robert J. Garcia	3800 S. Ocean Drive Suite 210	Hollywood, FL 33019

10. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Neil Fairman

Date

11/19/03

Daytime Phone #

954-630-8880