

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

05 NOV -2 AM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **ND1750**
1. Corporation Name
FOUR STAR CONDO ASSOCIATION, INC.

2. Principal Office Address 1374 W. 44 ST.		3. Mailing Office Address 1374 W. 44 ST.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State HIALEAH FLORIDA		City & State HIALEAH FLORIDA	
Zip 33012	Country MIAMI-DADE	Zip 33012	Country MIAMI-DADE

REINSTATEMENT

04-05

4. Date Incorporated or Qualified To Do Business in Florida 03/02/1984	
5. FEI Number 16-1680750	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name OSVALDO GUEVARA	
Street Address (P.O. Box Number is Not Acceptable) 1374 W. 44 ST.	
Suite, Apt. #, Etc.	
City HIALEAH FLORIDA	State / Zip Code FL 33012

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  Date **10/22/2005**
REGISTERED AGENT MUST SIGN

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
P	OSVALDO GUEVARA	1374 W. 44 ST.	HIALEAH FLORIDA 33012
V	ABILIO RAMOS	1370 W. 44 ST.	HIALEAH FLORIDA 33012
S	PAOLA FERREY	1372 W. 44 ST.	HIALEAH FLORIDA 33012
			500061451435
			11/15/05-01079-002 **297.50
			K. [Signature] NOV -3 2005

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)(l), 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:  **10/22/2005** **305-233-1997**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #