

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

03 JAN 27 10:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 001000097238

1. Corporation Name  
**South STAR ONE**

2. Principal Office Address  
**1701 Davie Blvd**

3. Mailing Office Address  
**1701 Davie Blvd**

Suite, Apt. #, etc.

City & State  
**Fort Lauderdale, FL**

City & State  
**Fort Lauderdale**

Zip Country  
**33312 Broward**

Zip Country  
**33312 Broward**

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number  
**01-0553376**

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name **Carmen Morton**  
Street Address (P.O. Box Number is Not Acceptable) **1701 Davie Blvd**  
Suite, Apt. #, Etc.  
City **Fort Lauderdale** State **FL** Zip Code **33312**

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 *Carmen Morton* Date **1-3-03**  
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
Presi	Carmen Morton	1701 Davie Blvd	Fort Lauderdale, FL, 33312
VP	Hugo Perez	1699 Sw 44 Ave	Fort Lauderdale, FL, 33317

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: *Carmen Morton* Date **1-3-03**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2081 (9/01)

js 1/25

Hello This corporation need to  
Be reinstated ~~Call~~ corporation  
They said we need to send \$300 00  
And penalty would Be waive because  
I never received proper papers  
Carmen Modan

I thank you Happy New years

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