1 of 2

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
04 FEB 13 PM 1:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000082659

1. Entity Name

NORTH STAR INSTALLATION, INC.

DO NOT WRITE IN THIS SPACE

03-24-03 90223 047 $ 150.00 03-04
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2285 W 55ST U-6	2285 W 55ST U-6
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33016 Country: US	Zip: 33016 Country: US

4. FEI Number 02-0634020 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: ALIECER FERRER

Street Address (P.O. Box Number is Not Acceptable): 2285 W 55 ST U-6

City: MIAMI FL Zip Code: 33016

REINSTATEMENT

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 pursuant to Florida Statutes, and agrees to comply with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP FERRER, ALIECER 2285 W 55 ST U-6, MIAMI, FL 33016
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E034B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 02/12/04 786-586-1606
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

North Star Corporation
134 E 9St Ste 118
Hialeah, Fl. 33010

To whom it may concern:

This corporation was initiated on July 29, 2002. On March 21, 2003 I send a check for $150.00, yesterday I went to obtain an occupational License in Palm Beach County and I was inform that the Corporation had been dissolved, I called you and I was told you needed my Federal Employer Number (02-063402) I send you an e-mail with that information, to pay $ 150.00 for 2004.

I am sending you $ 150.00, the reinstatement Form and this letter explaining that I never received your letter requesting said information, I need the Corporation active; Please waive the reinstatement fee, I had no knowledge of your request. I have work in the Palm Beach County area and required an occupational License.

I will be working in Palm Beach County for the next year. Please change my address to 2285 W 55th St unit 6 Hialeah Gardens, Fl. 33016. That will be my main address and the address in West Palm Beach 2097 West Palma Circle, West Palm Beach, Fl. 33415.

Before hand I want to thank you for your Cooperation. Respectfully yours,

NORTH STAR CORPORATION FLORIDA SEALED 2002

Aniecer Ferrer