PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2011 DEC 28 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000024734

1. Corporation Name
13 Stars, Inc.

400215581804
12/28/11--01027--007 **600.00

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1411 NE 129th Street	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: N Miami, FL	City & State
Zip: 33161-4457 / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 3/20/1996

5. FEI Number: 65-0657351 ☐ 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: IKHLAS ABDI

Street Address (P.O. Box Number is Not Acceptable): 1506 NE 110 Street

Suite, Apt. #, Etc.

City: Miami | State: FL | Zip Code: 33161

400215581804
12/28/11--01027--008 **500.00

REINSTATEMENT 09-11

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: 12-20-11

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
PD	IKHLAS ABDI	1506 NE 110 Street	Miami, FL 33161
		A 12/28	

10. E-mail Address: gsnovember@bellsouth.net

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: _____ 12-20-11 305-892-1771

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATOR | Date | Daytime Phone #