

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P15000042541**

1. Corporation Name

STAR RIVERS, INC.

2021 JUL 20 PM 4:45

SECRETARY OF STATE
TALLAHASSEE, FL

500870331445
07/21/21--01004--001 **750.00

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #

650 NE 32ND STREET

3. Mailing Office Address

650 NE 32ND STREET

Suite, Apt. #, etc.

UNIT 4201

Suite, Apt. #, etc.

UNIT 4201

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33137

Country

USA

Zip

33137

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/12/2015

5. FEI Number

30-0875428

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

JP GLOBAL BUSINESS SOLUTIONS, INC

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

1395 BRICKELL AVE

Suite, Apt. #, Etc.

SUITE 1380

City

MIAMI

State

FL

Zip Code

33131

REINSTATEMENT

2021

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

REGISTERED AGENT MUST SIGN

Date **7/13/21**

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 | JUAN SEBASTIAN RIVERA LOPEZ | 650 NE 32ND ST UNIT 4201 | MIAMI FL 33137 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

JUL 20 2021

WILLIAMS

10. E-mail Address: **MASTER@JPG BUSINESS.COM**

(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.817.455, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/13/21 (BAS) 359-3700

Date

Daytime Phone #