

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

10 MAR -8 PM 2:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 739059

1. Corporation Name

Star Island Taxpayers Association, Inc.

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

9 Star Island Drive

Suite, Apt. #, etc.

City & State

Miami Beach, FL

Zip

33139

Country

United States

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

700171397527  
03/08/10--01005--026 \*\*612.50

CR2E081 (11/09)

**REINSTATEMENT** 04-10

4. Date Incorporated or Qualified  
To Do Business in Florida 5-23-1977

5. FEI Number  
59-1142879

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

Modesto M. Mora II

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

9 Star Island Drive

Suite, Apt. #, Etc.

City

Miami Beach

State

FL

Zip Code

33139

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 3-3-2010

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	Patricia Frost	21 Star Island Drive	Miami Beach, FL 33139
S	Amarilis Moran Osorio	15 Star Island Drive	Miami Beach, FL 33139
T	Yale R. Brown	37 Star Island Drive	Miami Beach, FL 33139
T	Modesto M. Mora II	9 Star Island Drive	Miami Beach, FL 33139
D	Joan Robins	33 Star Island Drive	Miami Beach, FL 33139

10. E-mail Address: Modesto.Mora@MSSB.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., 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.

SIGNATURE:

Modesto M. Mora II

3-3-2010

305-376-8519

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #