

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

07 APR 30 PM 3: 25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # G 45041

1. Corporation Name

I.C. STAR., INC.  
7585 SW 28 ST  
Miami, FL 33155

W07000020047

700102359537  
05/15/07--01001--004 \*\*3033.75

2. Principal Office Address

7585 SW 28 ST

Suite, Apt. #, etc.

3. Mailing Office Address

7585 SW 28 ST

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

Miami, FL

Zip

33155

Country

U.S.A

Zip

33155

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

05/25/1983

5. FEI Number

592725766

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$9.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 1990-2007

7. Name and Address of Current Registered Agent

Name

RITA GARCIA

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

9004 SW 56 ST

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33165

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 04/23/2007

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	JOSE M. SOTO	1440 E 7 CT	HIALEAH, FL 33010

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/24/07 (305)559-4341

Date

Daytime Phone #

Q. Mitchell APR 30 2007

CR20081 (01/04)