

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K12565**

1. Corporation Name

STAR DAVID CAB, INC.

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

2315 NE 194th Street

Suite, Apt. #, etc.

City & State

North Miami Beach, Florida

Zip

33180

Country

U.S.A.

3. Mailing Office Address

2315 NE 194th Street

Suite, Apt. #, etc.

City & State

North Miami Beach, Florida

Zip

33180

Country

U.S.A.

7. Name and Address of Current Registered Agent

Name

ITZHAK BACHAR, P.A.

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

1400 NE Miami Gardens Drive

Suite, Apt. #, Etc.

Suite 219

City

North Miami Beach

State

FL

Zip Code

33179

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

☒ 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.

100130447391
05/30/08--01004--023 **150.00

100130447391
05/30/08--01004--025 **8.75
Date **05/22/08**

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
PDS	ROZA BACHAR	2315 NE 194th Street	North Miami Beach, FL 33180
VPD	SHARON BACHAR	2315 NE 194th Street	North Miami Beach, FL 33180
			100130447391 05/30/08--01004--021 **150.00
			100130447391 05/30/08--01004--022 **150.00

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 contained in Chapter 119, 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

Roza Bachar President

05/22/2008

Date

(305) 935-5841

Daytime Phone #

FILED

08 MAY 30 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

100130447391
05/30/08--01004--020 **150.00

CR2E081 (12/07)

2/2

LAW OFFICES OF
ITZHAK BACHAR, P.A.

May 22, 2008

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32414

Re: **STAR DAVID CAB, INC.**
F.E.I. # 65-0166770, Document # K112565

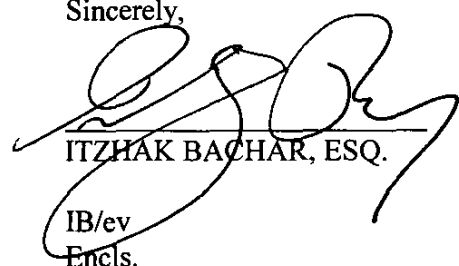
Dear Corporation Reinstatement Specialist:

Please be advised that the above mentioned law firm served as a Corporate Registered Agent for **STAR DAVID CAB, INC.**, since 1992. In 2003 we moved our office to our current location and filed the change of address. Since then our office has not received any of the annual renewals for any of the following years to date.

I would request on behalf of the **STAR DAVID CAB, INC.**, Directors/Officers to reinstate the Corporation and waive the reinstatement fees. We are providing the \$150.00 annual renewal fees for each of the following years: 2004, 2005, 2006, 2007 and 2008.

I am also sending a check in the amount of \$8.75 as additional fee for a Certificate of Status. I thank you in advance for your understanding and cooperation.

Sincerely,



ITZHAK BACHAR, ESQ.

IB/ev
Encls.