

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jill Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN -3 AM 11:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L01000016336**

1. Limited Liability Company's Name
NEWPORT STAR, LLC

2. Principal Office Address
2101 NW Corporate Boulevard

3. Mailing Office Address
2101 NW Corporate Boulevard

Suite, Apt. #, etc.
Suite 415

Suite, Apt. #, etc.
Suite 415

City & State
Boca Raton, Florida

City & State
Boca Raton, Florida

Zip Country
33431 USA

Zip Country
33431 USA

4. State/Country of Formation
Florida, USA

5. Date Organized or Qualified
To Do Business in Florida **September 28, 2001**

6. FEI Number
65-1151667

Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
Michael Camilleri

Street Address (P.O. Box Number is Not Acceptable)
2101 NW Corporate Boulevard

Suite, Apt. #, Etc.
Suite 415

City
Boca Raton

State Zip Code
FL 33431

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9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date **December 30, 2002**

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/ Manager	City / State / Zip
Pres.	Michael Camilleri	2101 NW Corporate Boulevard, #415	Boca Raton, Florida 33431
Sec.	Michael Camilleri	2101 NW Corporate Boulevard, #415	Boca Raton, FL 33431

REINSTATEMENT

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

Date **12/30/02**

Daytime Phone # **561-241-9974**

Typed or printed name of signing Managing Member/Manager