

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07000035265

1. Limited Liability Company's Name

STAR CREDIT CARD SERVICES LLC

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

21246 CLUBSIDE DR

Suite, Apt. #, etc.

UNIT C

City & State

BOCA RATON, FL

Zip

33434

Country

PALM BEACH

3. Mailing Office Address

21246 CLUBSIDE DR.

Suite, Apt. #, etc.

UNIT C

City & State

BOCA RATON, FL

Zip

33434

Country

PALM BEACH

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

4/4/2007

6. FEI Number

33-1161289

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

BURTON EISENBYD

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

21246 CLUBSIDE DR.

Suite, Apt. #, Etc.

UNIT C

City

BOCA RATON

State

FL

Zip Code

33434

☒ A \$100 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 \$100
reinstatement be waived.

400166850634

02/05/10--01002--010 **133.75

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

Burton Eisenbyd

REGISTERED AGENT MUST SIGN

Date

1/18/2010

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
MEM PRES.	BLAS ELIAS	8500 S.W. 86 th CT	MIAMI, FL 33143
VP. SECRY MGR	BURTON EISENBYD	21246-C CLUBSIDE DR.	BOCA RATON, FL. 33434
			S. HAWKES
			JAN 26 2010
			EXAMINER

11. E-mail Address: BURTONASFL@aol.com

(To be used for future annual report notifications)

12. 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

Burton Eisenbyd

Date

1/18/2010

Daytime Phone #

561-289-0386

Typed or printed name of signing Managing Member/Manager



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 27, 2010

STAR CREDIT CARD SERVICES LLC
21246 CLUBSIDE DR
UNIT C
BOCA RATON, FL 33434

SUBJECT: STAR CREDIT CARD SERVICES LLC
Ref. Number: L07000035265

We have received your document for STAR CREDIT CARD SERVICES LLC and check(s) totaling \$282.50. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$133.75. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 510A00002170