

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUN 12 PM 12:55

DOCUMENT # L 68569

1. Corporation Name

STAR ON THE BEACH INC.

2. Principal Office Address

21388 Marina Cove Cir

Suite, Apt. #, etc.

G17

City & State

N. Miami Bch. FL 33180

Zip

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT 98-00**

4. Date Incorporated or Qualified  
To Do Business in Florida

4/23/90

5. FEI Number

65-0224062

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

Eitan Dagan Esq.

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

930 Washington Suite 205a

Suite, Apt. #, Etc.

City

Miami Beach

State  
**FL**

Zip Code

33139

500003299305-2

-06/21/00-01081-009

\*\*\*1050.00 \*\*\*1050.00

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

Eitan Dagan

Date

May 26, 1999

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
D	MOSHE ASYAG	21388 Marina Cove Cir #G17	Aventura (N. Miami Bch) FL 33180
D	Zehava ASYAG	21388 Marina Cove Cir #G17	N. Miami Bch, FL 33180

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:

MOSHE ASYAG

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/5/00

Date

305-933-1358

Daytime Phone #

CR2E081 (9/99)