

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 JAN 22 PM 3:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *M 46241*

**1. Corporation Name**

*ALL STAR INVESTMENT REALTY INC.*

**REINSTATEMENT** *03-04*

**2. Principal Office Address**

*9425 SW 72 ST.*

**3. Mailing Office Address**

Suite, Apt. #, etc.

*#180*

Suite, Apt. #, etc.

City & State

*MIAMI FL.*

City & State

*FL.*

Zip

*33173*

Country

*DADE*

Zip

Country

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

*79-2768218*

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

*ARVESU, MANUBI M.*

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

*2121 PONCE DE LEON BLVD.*

Suite, Apt. #, Etc.

*# 920*

City

*CORAL GABLES*

State

*FL*

Zip Code

*33134*

**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

**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
P	SALAS, LAURENCE	9425 SW 72 ST. #180	MIAMI FL 33173
V	PIRKO, ENRIQUE	9425 SW 72 ST #180	MIAMI FL 33173

**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

Date

*1/16/06*

Daytime Phone #

*705-265111*



January 16, 2004


Florida Department of State  
P.O. Box 1500  
Tallahassee, Fl. 32702

To Whom It May Concern:

RE: File # M46241  
All-Star Investment Realty, Inc.

Gentlemen enclosed you will find a check for \$300.00 for reinstatement of the above referenced Corporation. This amount is for the year of 2003 for which we never received the UBR Report and for the year of 2004.

Thank you,

  
Lawrence Salas  
Broker Owner