

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **M48504**

1. Corporation Name

ALLSTAR BUILDERS, CORP.

Principal Place of Business

**4901 SW 75TH AVENUE
MIAMI FL 33155-1415**

Mailing Address

**4901 SW 75TH AVENUE
MIAMI FL 33155-1415**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

12253 SW 130 St

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

12253 SW 130 St

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33184

Country

USA

Zip

33184

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/17/1987

5. FEI Number

59-2781058

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	MARTINEZ, CLAUDIO A.	4901 S.W. 75TH AVENUE	MIAMI, FL 33155
			700004706307--1 -12/05/01--01062--017 ***750.00 ***750.00
			REINSTATEMENT <i>of</i>

8. Name and Address of Current Registered Agent

**MARTINEZ, CLAUDIO A.
4901 SW 75TH AVE.
MIAMI FL 33155**

9. Name and Address of New Registered Agent

Name

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

12253 SW 130 St

Suite, Apt. #, Etc.

Att

City

Miami

State

FL

Zip Code

33184

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent *X*

REGISTERED AGENT MUST SIGN

Date

11. 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: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/01)