

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 FEB 12 PM 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000000458

1. Corporation Name

STAR FLAMING STAR #387, INC.

12/8/08 01043 012. 236.25

000168619650
02/12/10--01024--003 **122.50

REINSTATEMENT 08-10

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

7134 NW 1st Ave

Suite, Apt. #, etc.

3. Mailing Office Address

7134 NW 1st Ave

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

Zip

33150

Country

USA

Zip

33150

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida **01/18/2000**

5. FEI Number

65-0977961

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

Sainvil, Saingelus

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

7134 NW 1st Ave

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33150

☐ The 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 reinstatement fee be waived.

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

Saingelus Sainvil

REGISTERED AGENT MUST SIGN

Date **02/09/10**

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
PD	Sainvil, Saingelus	7134 NW 1st Ave	Miami/FL/ 33150
VP	Philippe, Eberle	7134 NW 1st Ave	Miami/FL/33150
TD	Verdy, Pierre	7134 NW 1st Ave	Miami/FL/33150
SD	Jacques, Deoda	7134 NW 1st Ave	Miami/FL/33150

10. E-mail Address:

(To be used for future annual report notification)

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. I further certify 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:

Deoda Jacques **DEODA JACQUES** **02-09-10**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/12/10