

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N06000009217

1. Corporation Name

Kingstar Foundation Inc

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

3456 S Ocean Blvd #103E

Suite, Apt. #, etc.

3. Mailing Office Address

3456 S Ocean Blvd #103E

Suite, Apt. #, etc.

City & State

Palm Beach

City & State

Palm Beach

Zip

33480

Country

Palm Beach

Zip

33480

Country

Palm Beach

7. Name and Address of Current Registered Agent

Name

Mitchell Schwartz

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

3456 S Ocean Blvd #103E

Suite, Apt. #, Etc.

City

Palm Beach

State

FL

Zip Code

33480

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

Date **1-20-2010**

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
VP	Joanna Walker	623 Monroe	West Palm Bch FL 33405
Trea	Mitchell Schwartz	3456 S Ocean Blvd #103E	Palm Beach, FL 33480

10. E-mail Address: **Mitchell Schwartz27@gmail.com**

(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:

Mitchell Schwartz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

10 JAN 25 PM 4: 27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500167112155
01/25/10--01054--007 **245.00

REINSTATEMENT

07-1D

4. Date Incorporated or Qualified
To Do Business in Florida **8/30/2006**

5. FEI Number
31-1487836

☐ Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

☒ 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.