

# **2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N07000002329

**FILED**  
**Mar 02, 2011**  
**Secretary of State**

**Entity Name:** UPON A STAR FOUNDATION, INC.

**Current Principal Place of Business:**

771 SOUTH BARFIELD DRIVE  
MARCO ISLAND, FL 34145

**New Principal Place of Business:**

1820 TRAVIDA TER  
MARCO ISLAND, FL 34145

**Current Mailing Address:**

771 SOUTH BARFIELD DRIVE  
MARCO ISLAND, FL 34145

**New Mailing Address:**

PO BOX 109  
MARCO ISLAND, FL 34146

**FEI Number:** 20-8577311

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCOLA, ROSA  
771 SOUTH BARFIELD DRIVE  
MARCO ISLAND, FL 34145 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:** ROSA SCOLA

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** DIR  
**Name:** SANCHEZ, MICHELLE  
**Address:** PO BOX 109  
**City-St-Zip:** MARCO ISLAND, FL 34146

**Title:** DIR  
**Name:** JORDAN, MICHELLE  
**Address:** PO BOX 109  
**City-St-Zip:** MARCO ISLAND, FL 34146

**Title:** DIR  
**Name:** STOICO, ROBERT  
**Address:** PO BOX 109  
**City-St-Zip:** MARCO ISLAND, FL 34146

**Title:** DIR  
**Name:** CORMIER, STEVE  
**Address:** PO BOX 109  
**City-St-Zip:** MARCO ISLAND, FL 34146

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** MICHELE SANCHEZ

DIR

03/02/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date