

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JAN 10 PM 12:02

DOCUMENT # **N99000007028**

1. Corporation Name

**STARS SHINE AT NIGHT.
INC.**

2. Principal Office Address

3600 South State Rd. 7

Suite, Apt. #, etc.

#206 Suite

City & State

Miramar, Florida

Zip

33023

Country

USA

3. Mailing Office Address

3600 South State Rd. 7

Suite, Apt. #, etc.

#206 Suite

City & State

Miramar, Florida

Zip

33023

Country

USA

200010163592
01/16/03--01064--016 **297.50

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

Dec 1, 1999

5. FEI Number

65-0990727

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

Arthur Lambright

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

3600 South State Rd. 7

Suite, Apt. #, Etc.

Suite #206

City

Miramar, Florida

State

FL

Zip Code

33023

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

Arthur Lambright

REGISTERED AGENT MUST SIGN

Date **01/10/08**

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
President	Arthur Lambright	3600 South State Rd. 7	Miramar, Florida 33023
V-President	Ruby Lambright	3600 South State Rd. 7	Miramar, Florida 33023
Secretary	Lillian Lambright	3600 South State Rd. 7	Miramar, Florida 33023
Treasurer	Irene Straughter	3600 South State Rd. 7	Miramar, Florida 33023

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:

Arthur Lambright
Ruby P. Lambright

Ruby P. Lambright

ARTHUR LAMBRIGHT

Date

01/10/02

Daytime Phone #

NNN

CR2E081 (9/01)