

11/25/03 01045 005 \$750.00

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 DEC 22 AM 8:00

DOCUMENT # P 000000 22579

1. Corporation Name

STA Inc.

2. Principal Office Address

2600 Douglas Rd.

Suite, Apt. #, etc.

Suite 905

City & State

Coral Gables, FL

Zip

33134

Country

USA

3. Mailing Office Address

347 Washington Ave.

Suite, Apt. #, etc.

City & State

Miami Beach, FL

Zip

33139

Country

USA

**REINSTATEMENT** 03

4. Date Incorporated or Qualified  
To Do Business in Florida

3/6/2000 MRS

5. FEI Number

650997346

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

Wanda Pistella, P.A.

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

7385 SW 87 Avenue

Suite, Apt. #, Etc.

Suite 100

City

Miami

State

FL

Zip Code

33173

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

Wanda Pistella  
REGISTERED AGENT MUST SIGN

Date

12/10/03

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
DPS	Fernando Canale	347 Washington Ave	Miami Beach FL 33139
VPD	Roberto A.F. Roberts	2600 Douglas Road Unit 905	Coral Gables, FL 33134

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/10/03

Daytime Phone #

305-532-6570

CR2E081 (10/02)