

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

06 FEB -3 PM 3:33  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 00000073267

**1. Corporation Name**

FIVE STAR CAR AUDIO & ACCESSORIES INC

**2. Principal Office Address**

17901 NW 27 AVE

Suite, Apt. #, etc.

City & State

MIAMI GARDENS

Zip

33056

Country

USA

**3. Mailing Office Address**

17901 NW 27 AVE

Suite, Apt. #, etc.

City & State

MIAMI GARDENS

Zip

33056

Country

USA

REINSTATEMENT

CR2E081 (12/05)

T. Roberts FEB 06 2006

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

00/02/2000

**5. FEI Number**

651029190

☒ 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

Fred McLendon

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

17901 NW 27th ave.

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33056

400065562824

02/10/06--01003--006 \*\*1351.00

**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

*[Signature]*

Date 01.25.06

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
PD	FREDERICK W McLendon	11440 TARA DRIVE	Plantation FL 33325
VD	DWAYNE R COOPER	1245 NW 51 ST	MIAMI FL 33142
T	CLARENCE COOPER	17901 NW 27 AVE	MIAMI FL 33056

**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 contained in Chapter 119, 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]* FREDERICK W McLendon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/06

Date

3057732296

Daytime Phone #