

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -1 AM 10:18

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P00000093370

1. Corporation Name

STARDANCER MIAMI BEACH CORP.

Principal Place of Business

1280 5TH STREET
MIAMI FL 33139

Mailing Address

1180 HIGHWAY 17
LITTLE RIVER SC 29566

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/03/2000

5. FEI Number

57-1108305

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	GRAY, SAMUEL	PO BOX 1110	FERNANDINA BEACH FL 32034
D	GRAY, MARILYN	PO BOX 1110	FERNANDINA BEACH FL 32034

300008760003
11/01/02--01073--007 **150.00

8. Name and Address of Current Registered Agent

HALE, MARION
911 CHESTNUT STREET
CLEARWATER FL 33756

9. Name and Address of New Registered Agent

Name

JACOBS, ARTHUR 1

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

401 CENTRE ST.

Suite, Apt. #, Etc.

SECOND FLR.

City

FERNANDINA BEACH

State

FL

Zip Code

32034

CR2E040 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

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 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/25/02

Daytime Phone #

October 25, 2002



October 25, 2002

Florida Department of Revenue
Division of Corporations
P O Box 6327
Tallahassee, FL 32314

Reg: 2002 Uniform Business Report 57-1108305

To Whom It May Concern;

We are in receipt of your letter regarding failure to fill our 2002 Uniform Business Forms for our Florida Corporations.

We have received forms stating that our Corporation has been dissolved due to the fact that we have not filled a report for 2002. We were unaware of these forms and have not received any notices or forms before now. It is possible that our former Controller received these forms and failed to fill them before she resigned this year. We are anxious to correct this problem and we are returning the 2002 Annual forms. We are asking that you abate this penalty, as we have filled in a timely manner in previous years and were unaware of the yearly filling.

Thanking you in advance for your attention in this matter .

Sincerely,


Gerry Umali, Controller