### PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## APPLICATION FOR REINSTATEMENT



# FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

# DOCUMENT # P00000094377

1. Corporation Name

#### 5 STAR CONSULTING CORP.

Principal Place of Business

Mailing Address

13650 N.W. 4TH ST.

13650 N.W. 4TH ST.

UNIT 108

UNIT 108

PEMBROKE PINES FL 33028

PEMBROKE PINES FL 33028



02 FEB - 1 PH 1:41

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

7. O. BOX 520632

4. Date Incorporated or Qualified To Do Business in Florida

10/06/2000

Suite, Apt. #, etc.

City & State

City & State

Migmi, FL

Zip

Country

Zip

Country

Zip

Country

Country

Country

Country

S8.75 Additional Fee required

			<u> 1 531</u>	5./	USA		101 a Certificate Of Status
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)							
Title(s)	Name of Officers and/or Directors			3	Street Address of Ea Officer and/or Direct		City / State / Zip
_PD	BRIEL, PEDRO J			17660 N	I.W. 67TH AVENUE UNI	IT-1694	MIAMI FL 33015
VD	CORTEZ, CESAR E JR			13650 N	I.W. 4TH ST. UNIT 108		PEMBROKE PINE FL 33028
S	CORTEZ, C	ESAR E JR		13650 N	.W. 4TH ST. UNIT 108		PEMBROKE PINE FL 33028
P/V/5	Cor	er, Cesar	E. Jr	. 136	50 NW 4th	'st. #108	Pembroke Pines, FL 35028
						7	000048828571 -02/06/0201034021
							****308.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORONADO, NESTOR 7360 CORAL WAY SUITE 21 MIAMI FL 33155 Street Address (P.O. Box Number is Not Acceptable)

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

13650 NW 415 Street #108

#108

embroke Pines

State Zip Code 77078

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.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date 01/25/2002

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1125/02

954-445-0900

Daytime Ph

CR2E040 (8/01)