PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED AND FILED

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

02 FEB -8 PM 3:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000109881

1. Corporation Name

FIVE STAR MANAGEMENT, INC.

REINSTATEMENT 2001-2002

2. Principal Office Address	3. Mailing Address
215 No. Federal Highway	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hallandale, Florida	Zip & State
Zip: 33009 Country: Broward	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 11/27/2000

5. FEI Number: 65-1063155 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

7. Name and Address of Current Registered Agent

Name: Vincenzo Apa

Street Address (P.O. Box Number is Not Acceptable): 215 No. Federal Highway

Suite, Apt. #, Etc.

City: Hallandale State: FL Zip Code: 33009

600004911671B--0
-02/13/02--01089--011
****300.75 ****308.75

8. I, being appointed the registered agent of the above named corporation, have read and hereby accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: _____ X Date: 2/7/02
(REGISTERED AGENT MUST SIGN)

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CEO	Leo C. Zefferetti	3840 E. Lake Estates Drive	Davie, Florida 33328
PD	Caswall A. Hart	1101 Brickell Avenue	Miami, Florida 33231
SD	Vincenzo Apa	215 North Federal Highway	Hallandale, Fla. 33009
VD	Giuseppe Monticciolo	215 North Federal Highway	Hallandale, Fla. 33009

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: X _____ 2/7/02
SIGNATURE AND TYPE OR PRINT NAME OF [illegible] Date Daytime Phone #

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Five Star Management, Inc.

Signature

Requested by:

SS 2/8/02 1:00
Name Date Time

Walk-In _____ Will Pick Up _____

RECEIVED
02 FEB -8 PM 2:24
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

____ Art of Inc. File
____ LTD Partnership File
____ Foreign Corp. File
____ L.C. File
____ Fictitious Name File
____ Trade/Service Mark
____ Merger File
____ Art. of Amend. File
____ RA Resignation
____ Dissolution / Withdrawal
✓ Annual Report / Reinstatement
____ Cert. Copy
____ Photo Copy
✓ Certificate of Good Standing
____ Certificate of Status
____ Certificate of Fictitious Name
____ Corp Record Search
____ Officer Search
____ Fictitious Search
____ Fictitious Owner Search
____ Vehicle Search
____ Driving Record
____ UCC 1 or 3 File
____ UCC 11 Search
____ UCC 11 Retrieval
____ Courier