

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P00000112105**

1. Corporation Name

FIVE STAR TRUCK STOP, INC.

Principal Place of Business

**4950 SOUTH ORANGE BLOSSOM TRAIL
ORLANDO FL 32839**

Mailing Address

**4950 SOUTH ORANGE BLOSSOM TRAIL
ORLANDO FL 32839**

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

12/01/2000

5. FEI Number

59-3685751

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	BAHTA, MULUGETA	4950 SOUTH ORANGE BLOSSOM TRAIL	ORLANDO FL 32839
D	KASSYE, TESFAI	4950 SOUTH ORANGE BLOSSOM TRAIL	ORLANDO FL 32839
			800004743058--4 -12/28/01--01074--021 *****8.75 *****8.75
			800004743058--4 -12/28/01--01074--022 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

**BAHTA, MULUGETA
4950 SOUTH ORANGE BLOSSOM TRAIL
ORLANDO FL 32839**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

10-18/01

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:

BAHTA, MULUGETA - owner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/18/01 (407) 857-3531

October 17, 2001

Florida Department of State
P.O. Box 6327
Tallahassee, FL 32314
Attn: Reinstatement Department


Dear Sirs:

Re: Document #P00000112105
Corp: Five Star Truck Stop, Inc.

As a new business owner, I neglected to file my Uniform Business Report for the year 2001, because I never received the required forms in the mail. Because of this, my corporation was dissolved. I am respectfully requesting a waiver of the penalties associated with the reinstatement of my corporation.

In the future, I will ensure that there is no recurrence of this nature and timely file my UBR. I anticipate your favorable review of my situation and enclose my check for One Hundred and Fifty Dollars (\$150.00), representing the filing fees for the 2001 Uniform Business Report.

Respectfully,
Five Star Truck Stop, Inc.



Mulugata Bahta
President