

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2006 OCT 18 PM 5:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000031829

1. Corporation Name

KANSTAR CORPORATION

600 GRAPETREE DR #9ES KEY BISCAYNE
FL 33149

2. Principal Office Address

16850-112 COLLINS AVE

Suite, Apt. #, etc.

SUITE #122

City & State

SUNNY ISLES, FL

Zip

33160

Country

3. Mailing Office Address

SAME SAME

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

CR2E081 (12/05)

05-06

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

5. FEI Number

65-1086398

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

DALCOMUNE, LOURDES C. AMARAL

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

16850-112 COLLINS AVE

Suite, Apt. #, Etc.

SUITE 122

City

SUNNY ISLES

State

FL

Zip Code

33160

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

Loures Dalcomune

Date

10/12/06

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
P, S+D	DALCOMUNE, LOURDES C. AMARAL	16850-112 COLLINS AVE. SUITE 122	SUNNY ISLES, FL 33160

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:

Loures Dalcomune

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/12/06

Date

305-776 9991

Daytime Phone #

10/24/06