

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

FILED

02 OCT 24 PM 1:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000054610

1. Corporation Name

STARSHINE KIDS, INC.

Principal Place of Business

1605 PENNSYLVANIA AVE. #203
MIAMI BEACH FL 33139

Mailing Address

1605 PENNSYLVANIA AVE. #203
MIAMI BEACH FL 33139

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

05/25/2001

5. FEI Number

65-1109971

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	THELMA PETAS	1605 Pennsylvania Ave #203	Miami Beach FL 33139

700008574697
10/24/02--01089--020 **150.00

[Handwritten signature]

8. Name and Address of Current Registered Agent

PETAS, THELMA
1605 PENNSYLVANIA AVE, #203
MIAMI BEACH FL 33139

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date OCT 22 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OCT 22 2002 305/531-7900

Date

Daytime Phone #

CR2E040 (8/02)



October 22, 2002

To Whom It May Concern,

This letter is to inform you that I have not received any UBR's from the Florida Department of State for the year 2002. Please remove any penalties or fees. I am enclosing a check for the amount of \$150.00 along with the completed form as instructed by an agent.

Thank you,

Thelma Petas
Starshine Kids Inc.