

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 APR 28 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 801-100507

1. Corporation Name

STAR USA ENTERPRISES, INC.

500034548525
04/29/04--01016--012 **300.00

2. Principal Office Address

17910 SW 11 CT

Suite, Apt. #, etc.

City & State

PEMBROKE PINES, FL

Zip

33029

Country

USA

3. Mailing Office Address

17910 SW 11 CT

Suite, Apt. #, etc.

City & State

PEMBROKE PINES, FL

Zip

33029

Country

USA

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-1145176

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

ESTRELLA, CARLOS JOSE

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

17910 SW 11 CT

Suite, Apt. #, Etc.

City

PEMBROKE PINES

State

FL

Zip Code

33029

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

REGISTERED AGENT MUST SIGN

Date 04/20/04

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
PST	CARLOS JOSE ESTRELLA	17910 SW 11 CT	PEMBROKE PINES FL 33029
VPD	CARLOS JOSE ESTRELLA	17910 SW 11 CT	PEMBROKE PINES FL 33029

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

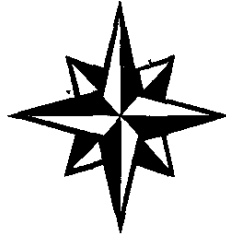
CARLOS JOSE ESTRELLA

Date

04/20/04 (954)447-7020

Daytime Phone #

CR2E081 (01/04)



Division of Corporations
P.O.BOX 6327
Tallahassee, FL – 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of \$300.00 for the annual report fee with my application.

We did not receive the U.B.R., for the year 2003 and 2004, or any other notice from the Division of Corporations in respect with the Corporation STAR USA ENTERPRISES, INC.

Thank you for your courtesy in this matter.

CARLOS JOSE ESTRELLA
PRESIDENT

17910 SW 11 Court
Pembroke Pines, FL – 33029

STAR USA Enterprises Inc.

(954) 447-7020 Tel/Fax

U.S.A.
WWW.STARUSAENTERPRISES.COM
STARUSA@STARUSAENTERPRISES.COM

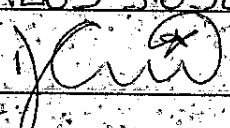
Florida Department of State, Division of Corporations

Corporations Online

www.sunbiz.org

Electronic Filing

Sunbiz E-file Account Application

Account Name: STAR USA ENTERPRISES, INC.E-mail Address: STARUSA@STARUSAENTERPRISES.COMMailing Address: 17910 SW 11 CTP.City: Pembroke Pines State: FL Zip: 33029Phone: (954) 447-7020 Fax: (954) 447-7020Contact Person: CARLOS JOSE ESTRELLASignature: Password: 1STARUSA

(minimum length - 4 characters, maximum 12 characters)

*** An account number will be E-mailed to you as soon as the application is processed ***

Mailing Address

Division of Corporations

Public Access Accounts

P.O. Box 6327

Tallahassee, FL 32314

Courier Address

Division of Corporations

Public Access Accounts

409 E. Gaines Street

Tallahassee, FL 32399

Sunbiz Home Page