

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 OCT 16 PM 1:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000059391

1. Corporation Name

STAR OF NORTH MIAMI, INC

200023857462  
10/16/03--01059--011 \*\*150.00

REINSTATEMENT 03

2. Principal Office Address  
15024 NE 6 AVE

3. Mailing Office Address  
15024 NE 6 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
N MIAMI, FL

City & State  
N MIAMI

Zip Country  
33161 DADE

Zip Country  
33161 DADE

4. Date Incorporated or Qualified  
To Do Business in Florida 05/29/2002

5. FEI Number  
03-0451124

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  
MAJEED, TARIQ

Street Address (P.O. Box Number is Not Acceptable)  
15024 NE 6 AVE

Suite, Apt. #, Etc.

City  
MIAMI

State Zip Code  
FL 33161

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

*Ahmad Mukhtar*

REGISTERED AGENT MUST SIGN

Date OCT 10, 2003

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	MAJEED, TARIQ	15024 NE 6 AVE	N MIAMI, FL 33161
VP	AHMAD MUKHTAR	15024 NE 6 AVE	N MIAMI, FL

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:

*Ahmad Mukhtar*

OCT 10, 2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

Oct 10, 2003

Florida Dept. of State  
Glenda E Hood  
Secretary of State  
Division of Corporations

***RE: REINSTATEMENT OF STAR OF NORTH MIAMI***


Dear Sir/Madam:

This is to inform you that I did not receive the Uniform Business Report for the year 2003. The Florida Department of State has issued me a certificate of Administrative Dissolution, which I contend based on the fact that I never received the UBR.

Please seriously consider this situation and reinstate my Corporation as it's affecting my business adversely. A check of \$ 150 is enclosed toward UBR filing fee.

Thanks for your assistance in this matter.

Yours truly,



AHMAD MUKTHAR  
PRESIDENT