

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 MAR 24 PM 3: 08

DOCUMENT # P02000067035

1. Corporation Name

STAR LIMOUSINE SERVICE, INC.

2. Principal Office Address - No P.O. Box #

7000 NW 177 STREET

Suite, Apt. #, etc.

SUITE 100

City & State

HIALEAH, FLORIDA

Zip

33015

Country

USA

3. Mailing Office Address

7000 NW 177 STREET

Suite, Apt. #, etc.

#100

City & State

HIALEAH

Zip

33015

Country

USA

REINSTATEMENT 07-09ks

4. Date Incorporated or Qualified
To Do Business in Florida

JUNE 18, 2002

5. FEI Number
01-0715735

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

HECTOR F. OSPINA

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

7000 NW 177 STREET

Suite, Apt. #, Etc.

#100

City

HIALEAH

State

FL

Zip Code

33015

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 MARCH 18, 2009

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	HECTOR F. OSPINA	7000 NW 177 ST #100	HIALEAH, FLORIDA 33015

500147017126
03/24/09-01004--024 **458.75

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:

HECTOR F. OSPINA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 18, 2009

Date

305 962 7164

Daytime Phone #