

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 DEC -8 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 802000082922

1. Corporation Name

Arstar International Corp

2. Principal Office Address

174 Bella Vista Way

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 212427

Suite, Apt. #, etc.

City & State

Royal Palm Beach, FL

Zip

33411

Country

USA

City & State

Royal Palm Beach, FL

Zip

33421-2427

Country

USA

REINSTATEMENT 03

500025328495
12/08/03--01068--029 **150.00

4. Date Incorporated or Qualified
To Do Business in Florida

July 31, 2002

5. FEI Number

16-1618786

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

Sathiyagiri Valliappan

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

174 Bella Vista Way

Suite, Apt. #, Etc.

City

Royal Palm Beach

State
FL

Zip Code

33411

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

12-5-03

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	Sathiyagiri Valliappan	174 Bella Vista Way	Royal Palm Beach, FL 33411

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

12-5-03

Date

561-791-1959

Daytime Phone #

CR20081 (10/02)

AVSTAR INTERNATIONAL CORP

P.O. Box 212427 Royal Palm Beach, FL 33421-2427 USA Tel: 561 791 1959 Fax: 561 383 7349

December 4, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

The annual report form was not received due to the change of address. We are requesting a waiver of the reinstatement fee.

Sincerely,

Sathiyagiri Valliappan
President