

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 27 AM 11:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000110306

1. Corporation Name

SUN STAR DIE-CAST, INC.

Principal Place of Business

20533 BISCAYNE BLVD.  
SUITE 222  
AVENTURE FL 33180

Mailing Address

20533 BISCAYNE BLVD.  
SUITE 222  
AVENTURE FL 33180

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

20533 BISCAYNE BLVD.

Suite, Apt. #, etc.

SUITE 477

City & State  
AVENTURA, FL

Zip

33180

Country

3. New Mailing Office Address, If Applicable

20533 BISCAYNE BLVD.

Suite, Apt. #, etc.

SUITE 477

City & State  
AVENTURA, FL

Zip

33180

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/11/2002

5. FEI Number

68-0525719

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
D	HO KA YUEN, MARGARET	20533 BISCAYNE BLVD., SUITE 222	AVENTURE FL 33180
D	HO KA YUEN, MARGARET	20533 BISCAYNE BLVD., SUITE 477	AVENTURA FL 33180

100024168311

10/27/03--01066--019 \*\*750.00

8. Name and Address of Current Registered Agent

HO KA YUEN, MARGARET  
20533 BISCAYNE BLVD.  
SUITE 222  
AVENTURE FL 33180

9. Name and Address of New Registered Agent

Name

HO KA YUEN, MARGARET

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

20533 BISCAYNE BLVD.

Suite, Apt. #, Etc.

SUITE 477

City

AVENTURA

State

FL

Zip Code

33180

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]*

REGISTERED AGENT MUST SIGN

Date 10/24/2003

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/24/2003

Date

Daytime Phone #

CR2E040 (7/03)