

1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 OCT -7 PM 1:22

DOCUMENT # P 030000 30086

1. Corporation Name

STAR therapy Center, Inc

100060500161  
10/11/05--01065--007 \*\*150.00

REINSTATEMENT 05  
CR2E081 (8/05)

2. Principal Office Address

3990 W. Flagler St.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

#407

Suite, Apt. #, etc.

City & State

miami, FL

City & State

Zip

33134

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

3/14/03

5. FEI Number

42-1581216

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

Vicente J. DANDIE

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

3990 W. Flagler, St. #407

Suite, Apt. #, Etc.

#407

City

miami

State

FL

Zip Code

33134

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

*Vicente J. Dandie*  
REGISTERED AGENT MUST SIGN

Date

10/6/05

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	Vicente J. DANDIE	3990 W. Flagler St #407	miami, FL 33134

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:

*Vicente J. Dandie*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/6/05

Daytime Phone #

(305) 841-6232

2 of 2

Star Therapy Center, Inc.  
Vicente J. Dandie, President

October 6, 2005

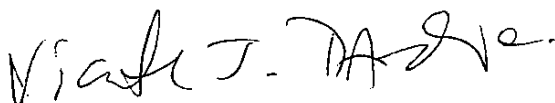
Department of State  
Division of Corporation  
Tallahassee, Fl. 32314

Dear Agent:

Please note that we never received the first notification from the state for our annual report. Please except our reinstatement together with our fee of \$ 150.00. We are asking to please waive the penalties.

Thank you for your help in this matter.

Sincerely,

  
Vicente J. Dandie