

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 OCT -9 AM 9:16

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000032040

1. Corporation Name

FIVE STARS INVESTMENT GROUP, INC.

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

501 Brickell Key Drive

Suite, Apt. #, etc.

Suite 104

City & State

Miami Florida

Zip

33131

Country

USA

3. Mailing Office Address

501 Brickell Key Drive

Suite, Apt. #, etc.

Suite 104

City & State

Miami Florida

Zip

33131

Country

USA

REINSTATEMENT

CR2E081 (12/08)

4. Date Incorporated or Qualified To Do Business in Florida March 19, 2003

5. FEI Number 20-1060053

☐ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$0.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Atrium Registered Agents, Inc.

Street Address (P.O. Box Number is Not Acceptable)
1500 San Remo Avenue

Suite, Apt. #, Etc.

Suite 125

City

Coral Gables

State

FL

Zip Code

33146

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date 8/24/09

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 |
|--------|-----------------------------------|--|--------------------|
| PD | Maria Eugenia Ulivi | 501 Brickell Key Drive, Suite 104 | Miami, FL 33131 |
| S | Adriana Ulivi | 501 Brickell Key Drive, Suite 104 | Miami, FL 33131 |
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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:

MARIA E ULIVI MARIA EUGENIA ULIVI

Date

08/17/09 (305) 358-7040

Daytime Phone #