

FEB. 8.2008 3:18PM

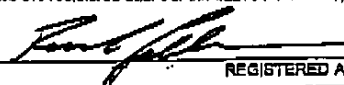
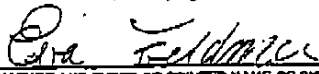
NO. 900 P. 2/2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

08 FEB -8 AM 11:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P03000042316			
1. Corporation Name FIVE STAR VB CORP.			
2. Principal Office Address - No P.O. Box # 407 LINCOLN ROAD Suite, Apt. #, etc. SUITE 701 City & State MIAMI BEACH, FLORIDA Zip 33139		3. Mailing Office Address 407 LINCOLN ROAD Suite, Apt. #, etc. SUITE 701 City & State MIAMI BEACH, FLORIDA Zip 33139	
Country USA		Country USA	
7. Name and Address of Current Registered Agent			
Name PAUL FELDMAN, PA Street Address (P.O. Box Number is Not Acceptable) 407 LINCOLN ROAD Suite, Apt. #, Etc. SUITE 701 City MIAMI BEACH State FL Zip Code 33139			
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0503, F.S. Signature of Registered Agent  Date _____ REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	EVA FELDMAN	407 LINCOLN ROAD, SUITE 407	MIAMI BEACH, FL 33139
VPD	ELAN FELDMAN	407 LINCOLN ROAD, SUITE 407	MIAMI BEACH, FL 33139
SD	PAUL FELDMAN	407 LINCOLN ROAD, SUITE 407	MIAMI BEACH, FL 33139
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____			

REINSTATEMENT 06-08

**4. Date Incorporated or Qualified
To Do Business in Florida** Applied For ☐ Not Applicable ☐ |

5. FEI Number
26-4027073

6. CERTIFICATE OF STATUS DESIRED ☐ **§173 Additional Fee is required for a Certificate of Status**

☒ 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.

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Florida Department of State
Division of Corporations
Public Access System

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To: Division of Corporations
Fax Number : (850) 617-6384

From: Account Name : GREENSPOON HARDER, P.A.
Account Number : 076064003722
Phone : (407) 422-6583
Fax Number : (954) 343-6962

CORPORATION REINSTATEMENT

FIVE STAR VB CORP.

Certificate of Status	0
Certified Copy	0
Page Count	01
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Corporate Filing Menu

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