

1082

FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name

STAR-BEAM INC.

W07-42655

3. Mailing Office Address

2. Principal Office Address - No P.O. Box #
1440 CORAL RIDGE

9351 W SAMPLE RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

UNIT 259

City & State

City & State

CORAL SPRINGS, FL 33065

CORAL SPRINGS, FL 33065

Zip 33071

Country
USA

Zip
33065

Country
USA

4. Date Incorporated or Qualified To Do Business in Florida

9/16/2003

54-109375

| |
|----------------|
| 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 **Ruth Liverpool/Lass Accounting & Business Services, Inc.**

Street Address (P.O. Box Number is Not Acceptable)
9351 West Sample Road

Suite, Apt. #, Etc.

City
Coral Springs

State **FL** Zip Code **33065**

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 8/23/01

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 | ZHAVA AHARON | 2400 COPANS RD. #8 | POMPAÑO BEACH, FL 33069 |
| | | | |
| | | | 000108659960 08/27/07--01048--008 **300.00 |
| | | | 000108659960 08/27/07--01048--009 **100.00 |
| | | REINSTATEMENT 05-07 | |
| | | | 000108659960 09/11/07--01016--011 **50.00 |

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 #