

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 APR 29 AM 9:39

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P03000056220

1. Corporation Name

**STARBRAS CORPORATION**

2. Principal Office Address - No P.O. Box #  
**9099 ROTLEDGE AVE**

Suite, Apt. #, etc.

City & State  
**BOCA RATON, FL**

Zip  
**33434**

Country  
**USA**

3. Mailing Office Address  
**9099 ROTLEDGE AVE**

Suite, Apt. #, etc.

City & State  
**BOCA RATON**

Zip  
**33434**

Country  
**USA**

CR2E081 (1/07)

4. Date Incorporated or Qualified  
To Do Business in Florida **05/22/2003**

5. FEI Number  
**41-2096668**

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  
**TAX HOUSE CORP.**

Street Address (P.O. Box Number is Not Acceptable)  
**1100 S Federal Hwy - Second Floor**

Suite, Apt. #, Etc.

City  
**Deerfield Beach**

State Zip Code  
**FL 33441**

☒ 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

Date **03/01/2008**

REGISTERED AGENT MUST SIGN

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
Pres	RICARDO DALCANALE	9099 ROTLEDGE AVE	BOCA RATON, FL 33434
VP	GERSON DALCANALE	9099 ROTLEDGE AVE	BOCA RATON, FL 33434
SEC	VALQUIRIA L MARCANDALI	9099 ROTLEDGE AVE	BOCA RATON, FL 33434

REINSTATEMENT

04-08

800126935968  
04/29/08--01046--004 \*\*750.00

B4/30/08

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:

RICARDO DALCANALE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11<sup>th</sup> MARCH 2008

Date

Daytime Phone #

(301) 926 0533