

\$ 750

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 DEC 18 PM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03060136780

1. Corporation Name

SON STAR Development & COMPANY INC.

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

7990 NW 96th Terrace

3. Mailing Office Address

7990 NW 96th Terrace

Suite, Apt. #, etc.

103

Suite, Apt. #, etc.

103

City & State

TAMARAC FL

City & State

TAMARAC FL

Zip

33321

Country

USA

Zip

33321

Country

USA

100163794881

12/18/09--01044--011 **750.00

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

11/20/03

5. FEI Number

57-1191791

☐ 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

MICHAEL JACOBSON

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

7990 NW 96th Terrace

Suite, Apt. #, Etc.

103

City

TAMARAC

State

FL

Zip Code

33321

☒ 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

REGISTERED AGENT MUST SIGN

Date 12/8/09

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
Pres	MICHAEL JACOBSON	7990 NW 96th Street TAMARAC FL 33321	TAMARA FL 33321

10. E-mail Address:

m.jacobson2448@aol.com

(To be used for future annual report notification)

11. 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. I further certify, 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

12/8/09

Date

413-214-8666

Daytime Phone #