

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 MAY 15 AM 10:34

DOCUMENT # **P04000010168**

1. Corporation Name

**STARBRUSH, INC**

2. Principal Office Address

**5340 NE 6 AVE**

Suite, Apt. #, etc.

**8G**

City & State

**OAKLAND PARK, FL**

Zip

**33334**

Country

**USA**

3. Mailing Office Address

**SAME**

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT 05-06**

CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

**1/13/2004**

5. FEI Number

**14-1909284**

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

**LAURE CARABY**

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

**5340 NE 6 AVE**

Suite, Apt. #, Etc.

**8G**

City

**OAKLAND PARK**

State

**FL**

Zip Code

**33334**

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

**L. Caraby**

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)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	LAURE CARABY	5340 NE 6 AVE	OAKLAND PK, FL

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:

**L. Caraby**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

# Kelly & Kelly

Certified Public Accountants, P.A.

20/2

MEMBERS OF AMERICAN AND FLORIDA INSTITUTES AND NEW MEXICO SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS

JOHN F. KELLY, C.P.A.  
ELIZABETH M. KELLY, C.P.A.  
kellyandkelly.com

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TOLL FREE 877-358-0557  
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FORT LAUDERDALE, FLORIDA 33306-1417  
cpakelly@bellsouth.net

April 24, 2006

Secretary of State  
Division of Corporations  
P O Box 6327  
Tallahassee, FL 32314

Ref: Starbrush, Inc

Dear Sirs:

Enclosed is check for \$300.00 for the 2005 & 2006 Uniform Business Report for the above referenced corporation along with a completed report. Please be advised that this corporation never received the postcard request for this filing fee in 2005 and 2006. Thank you for your understanding in this matter. If you have any questions, please contact the undersigned at 954-561-0557. Thank you.

Sincerely,



Elizabeth M Kelly CPA