

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000084008

1. Corporation Name

RIG STAR HOLDING, CORP.

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

1401 NW 88 AVENUE

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

Zip

33172

Country

USA

3. Mailing Office Address

1401 NW 88 AVENUE

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

Zip

33172

Country

USA

REINSTATEMENT

08/29/07 01046 003 \$450.00

4. Date Incorporated or Qualified
To Do Business in Florida

MAY 2004

5. FEI Number

20-1166487

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

JOSEPH SHOMAR

7777 NW 146 STREET

Suite, Apt. #, Etc.

MIAMI LAKES

State
FL

Zip Code
33016

☒ 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

Joseph Shomar

REGISTERED AGENT MUST SIGN

Date **09-28-2007**

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
DPS	GHASSAN ABOUD	1401 NW 88 AVENUE	MIAMI FLORIDA, 33172
DVS	ROGER ABOUD	1401 NW 88 AVENUE	MIAMI FLORIDA, 33172

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:

Ghassan Aboud

GHASSAN ABOUD

09-28-2007

305 471-7755

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #