

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 SEP 19 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000006434

1. Corporation Name

ARSTAR Inc.

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

5463 NW 72 Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

5463 NW 72 Avenue

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33166

Country

US

Zip

33166

Country

US

CR28081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

04-12-2005

5. FEI Number



Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$9.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Bruce D Green

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

1313 S Andrews Avenue

Suite, Apt. #, Etc.

City

Fort Lauderdale

State

FL

Zip Code

33316

000239823740

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 09-11-12

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/D	Arraiz, Estelio R.	5463 NW 72 Avenue	Miami FL 33166

REINSTATEMENT

SEP 19 2012

R. HUNT

10. E-mail Address: bdgreenpalaw@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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

09-11-12

305-432-3959

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 351645 8941A

AUTHORIZATION :

COST LIMIT : \$ 1050.00

ORDER DATE : September 19, 2012

ORDER TIME : 2:08 PM

ORDER NO. : 351645-005

CUSTOMER NO: 8941A

DOMESTIC FILINGS

NAME: ARSTAR INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret - Ext# 2949

EXAMINER'S INITIALS

SEP 19 2012

R. HUNT

*file (st
(name amendment)
2nd*