

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Oct 12, 2007 8:00 A.M.
Secretary of State

DOCUMENT # **P05000041213**

1. Corporation Name

Star Homes Quality Service, Inc

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

1901 SW Notre Dame

Suite, Apt. #, etc.

3. Mailing Office Address

Same as #2

Suite, Apt. #, etc.

City & State

Port St. Lucie, FL

Zip

34953

Country

City & State

Zip

Country

10/12/07--01005--006 *308.75

REINSTATEMENT 06-07

4. Date Incorporated or Qualified,
To Do Business in Florida

5. FEI Number

20-2722621

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

Agustin (Jaime) Hernandez

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

1901 SW Notre Dame Ave.

Suite, Apt. #, Etc.

City

Port St. Lucie

State

FL

Zip Code

34953

☒ 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

A. Jaime H.

REGISTERED AGENT MUST SIGN

Date **10-8-07**

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
President	A. Jaime Hernandez	1901 SW Notre Dame Ave.	Port St. Lucie, FL 34953
	10/12		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

A. Jaime H.

10-08-07 (772) 408-3677

Date

Daytime Phone #