

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JAN -4 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400163794854
12/28/09--01034--025 **150.00

400163794854
12/18/09--01044--010 **450.00

REINSTATEMENT 07-09
CR2E081 (11/09)

DOCUMENT # P05000070859

1. Corporation Name

EASTERN STAR INTERNATIONAL SERVICES, INC

W09-54898

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

1750 NE 191 ST

Suite, Apt. #, etc.

#D211

City & State

N.M.B

Zip

33179

Country

Dade

3. Mailing Office Address

1750 NE 191 ST

Suite, Apt. #, etc.

#D211

City & State

N.M.B

Zip

33179

Country

Dade

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

36-4575074

☒ 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

Samin Halabi

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

1750 NE 191 ST

Suite, Apt. #, Etc.

#D211

City

N.M.B

State

FL

Zip Code

33179

☐ 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

12/15/09

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
President	Samin Halabi	1750 NE 191 ST #D211	N.M.B, FL 33179
v.p	FAROUK EL Halabi	Aley, Lebanon	Aley Lebanon
REINSTATEMENT		RH	

10. E-mail Address: easterstar24@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

Date

12/27/09

Daytime Phone #