

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 APR 22 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000089991

1. Corporation Name

Stellar Management Services Co.

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

35 1st of Venice Drive

Suite, Apt. #, etc.

Apt. A

City & State

Ft. Lauderdale, FL

Zip

33301

Country

Broward

3. Mailing Office Address

35 1st of Venice Drive

Suite, Apt. #, etc.

Apt. A

City & State

Ft. Lauderdale, FL

Zip

33301

Country

Broward

300151800263

04/22/09--01021--025 **600.00

REINSTATEMENT 06-09

4. Date Incorporated or Qualified
To Do Business in Florida

6/22/2005

5. FEI Number

20-3029811

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

Cecile Michot

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

35 1st of Venice

Suite, Apt. #, Etc.

A

City

Ft. Lauderdale

State

FL

Zip Code

33301

☒ 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

Cecile Michot

REGISTERED AGENT MUST SIGN

Date

4/20/2009

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
Pres.	Cecile Michot	35 1st of Venice #A	Ft. Lauderdale, FL 33301

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:

Cecile Michot

Cecile Michot

4/20/2009

954-727-5395

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #