2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000123117

AKKUS, HUNKAR

TAMPA, FL 33614

2509 WEST CREST AVENUE, SUITE 3A

Name:

Address:

City-St-Zip:

Entity Name: FIVE STAR ALITO SALES OF TAMPA INC.

FILED Nov 16, 2006 Secretary of State

LINKY NAME: TIVE STAR ACTO SALES OF TAMIFA, INC.					
Current Principal Place of Business:			New Principal Place of Business:		
7430 NOR TAMPA, F	TH FLORID L 33604	A AVE.			
Current Mailing Address:			New Mailing Address:		
7430 NOR TAMPA, F	TH FLORID L 33604	A AVE.			
FEI Number:	20-3434701	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address o	f Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
TOPDEMII 7430 NOR TAMPA, FI	TH FLORID	A AVE. US			
	named enti e of Florida.	ty submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATUR	RE: MURA	T TOPDEMIR			
	Elect	ronic Signature of Registered Age	ent	Date	
		.193(2)(b), F.S., the corporation did no cing Trust Fund Contribution ().	t receive the prior notice.		
	S AND DIRI	• , ,	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P TOPDEMIR, 2509 WEST TAMPA, FL	CREST AVENUE, SUITE 3A	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP TOPDEMIR, 2509 WEST TAMPA, FL	CREST AVENUE, SUITE 3A	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SECT TOPDEMIR, 2509 WEST TAMPA, FL	CREST AVENUE, SUITE 3A	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	TREA	() Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: MURAT TOPDEMIR P 11/16/2006