

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000149049

Entity Name: STA ASSOCIATES, INC.

FILED
Oct 31, 2008
Secretary of State

Current Principal Place of Business:

489 NE 95TH STREET
MIAMI SHORES, FL 33138

New Principal Place of Business:

Current Mailing Address:

442 NE 103RD STREET
MIAMI SHORES, FL 33138

New Mailing Address:

PO BOX 403512
MIAMI BEACH, FL 33140

FEI Number: 20-3753581

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCASSERRA, MARTIN PRES.
442 NE 103RD STREET
MIAMI SHORES, FL 33138 US

Name and Address of New Registered Agent:

SCASSERRA, MARTIN
300 21ST STREET
MIAMI BEACH, FL 33139 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MARTIN SCASSERRA

10/31/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SCASSERRA, MARTIN
Address: 442 NE 103RD STREET
City-St-Zip: MIAMI SHORES, FL 33138

Title: VP (X) Delete
Name: SCASSERRA, MELISSA
Address: 442 NE 103RD STREET
City-St-Zip: MIAMI SHORES, FL 33138

Title: ST (X) Delete
Name: SCASSERRA, MARTIN
Address: 442 NE 103RD STREET
City-St-Zip: MIAMI SHORES, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SCASSERRA, MARTIN
Address: PO BOX 403512
City-St-Zip: MIAMI BEACH, FL 33140

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: MARTIN SCASSERRA

P

10/31/2008

Electronic Signature of Signing Officer or Director

Date