1052

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 JAN 13 PM 4:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000150413

1. Corporation Name
5 STAR TRANSPORTATION INC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1570 ALEXIS TERR SE	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PALM BAY FL	City & State:
Zip: 32909 Country: USA	Zip: Country:

CR2E081 (10/08) 07-08

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

5. FEI Number: 203779463 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: CARRIER SERVICES OF FLORIDA
Street Address (P.O. Box Number is Not Acceptable): 1210 CAPITAL CIRCLE SE
Suite, Apt. #, Etc.: H
City: TALLAHASSEE State: FL Zip Code: 33157

☒ 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: STEPHEN MANDELL
REGISTERED AGENT MUST SIGN
Date: 10/31/08

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	SAMUEL ABDUL	1570 ALEXIS TERR SE	PALM BAY FL 32909
			300137674023
			300137674023 11/05/08--01037--003 **500.00
		$1/13	

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: Samuel Abdul 10/29/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2852

5 STAR TRANSPORTATION INC
1570 ALEXIS TERR, SE
PALM BAY FL, 32909
TEL: 718-909-8031
DATE: 10-29-08

DEPARTMENT OF STATE
DIVISON CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314.

TO:WHOM IT MAY CONCERN,

Please reinstate my corporation for 2007-2008. We did not receive any notice of reinstatement, we are truly sorry for the inconvience. I enclose a check for the amount of $300.00.

OLDADDRESSS: 16220 SOUTH WEST 102 COURT MIAMI FLORDIA 33157
NEW ADDRESS: 1570 ALEXIS TERR, SE PALM BAY FL 32909

RECEIVED
09 JAN 13 PM 4:02
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

YOURS TRULY,
SAMUEL ABDUL.
5 STAR TRANSPORTATION INC.
DATE: 10-29-08

Samuel Abdul
10/29/08 Owner