

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 APR -7 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000068864

1. Corporation Name

THREE STAR CONSULTING INC.

REINSTATEMENT 08-10

100173251341

03-26-10 01037 002 8450.00
CR2E081 (11/09)

2. Principal Office Address - No P.O. Box # 1200 N. FEDERAL HWY		3. Mailing Office Address 1200 N. FEDERAL HWY	
Suite, Apt. #, etc. SUITE 400		Suite, Apt. #, etc. SUITE 400	
City & State BOCA RATON, FLORIDA		City & State BOCA RATON, FLORIDA	
Zip 33432	Country USA	Zip 33432	Country USA

4. Date Incorporated or Qualified
To Do Business in Florida 05/16/2006

5. FEI Number
20-4890068

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$5.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name MICHAEL PETRUSHA		
Street Address (P.O. Box Number is Not Acceptable) 1200 N. FEDERAL HWY		
Suite, Apt. #, Etc. SUITE 400		
City BOCA RATON, FLORIDA	State FL	Zip Code 33432

☒ 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 4-5-2010

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
P	MICHAEL PETRUSHA	1200 N. FEDERAL HWY	BOCA RATON, FL 33432
VPS	ALFONSO MIRANDA	1200 N. FEDERAL HWY	BOCA RATON, FL 33432

10. E-mail Address: AMIRANDA@VFINANCE.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

4-5-2010

Date

800-
674-3628
Daytime Phone #