

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P07000023609

1. Corporation Name

Allstar Sports Bar & Billards, Inc

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

TBD

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

Country

US

3. Mailing Office Address

7801 W Commercial Blvd

Suite, Apt. #, etc.

City & State

Tamarac, FL

Zip

Country

33351

US

7. Name and Address of Current Registered Agent

Name

CER Financial Services

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

7803 W Commercial Blvd

Suite, Apt. #, Etc.

City

Tamarac

State

FL

Zip Code

33351

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

Sonia Martinez
REGISTERED AGENT MUST SIGN

Date 01/15/2010

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	Mercury Duncan	PO Box 25456	Tamarac, FL 33320
VP	Essie Christensen	PO Box 25456	Tamarac, FL 33320

10. E-mail Address: taxes@cerenterprize.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:

Essie Christensen
Essie Christensen

01/15/2010 954-718-6846

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

10 MAY 12 PM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400176531514
04/20/10--01016--013 **458.75

REINSTATEMENT 08-10

4. Date Incorporated or Qualified
To Do Business in Florida 02/22/2007

5. FEI Number
20-8469064

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

☒ 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.