

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000109894

Entity Name: ALLSTAR TRANS TECH INC.

FILED  
Nov 25, 2008  
Secretary of State

**Current Principal Place of Business:**

3501 OKECHOBEE RD.  
FT. PIERCE, FL 34947

**New Principal Place of Business:**

**Current Mailing Address:**

3501 OKECHOBEE RD.  
FT. PIERCE, FL 34947

**New Mailing Address:**

FEI Number: 26-1227925

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LAMBIASE, NICOLA  
470 S. MARKET AVE.  
FT. PIERCE, FL 34982 US

**Name and Address of New Registered Agent:**

LAMBIASE, NICOLA  
3501 OKEECHOBEE RD  
FT. PIERCE, FL 34947 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: NICOLA LAMBIASE

11/25/2008

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: PD ( ) Delete  
Name: ANTONELLI, RALPH  
Address: 470 S. MARKET AVE.  
City-St-Zip: FT. PIERCE, FL 34982

Title: STD ( ) Delete  
Name: LAMBIASE, NICOLA  
Address: 470 S. MARKET AVE.  
City-St-Zip: FT. PIERCE, FL 34982

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: ANTONELLI, RALPH  
Address: 3501 OKEECHOBEE RD  
City-St-Zip: FT. PIERCE, FL 34947

Title: STD (X) Change ( ) Addition  
Name: LAMBIASE, NICOLA  
Address: 3501 OKEE CHOBEE RD  
City-St-Zip: FT. PIERCE, FL 34947

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: RALPH ANTONELLI

PRES

11/25/2008

Electronic Signature of Signing Officer or Director

Date