

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

10 DEC 21 AM 10:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1 Corporation Name

P07000113816

Star Power Street Entertainment Inc

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

7512 DR Phillips

Suite, Apt. #, etc

50

City & State

Orlando

Zip

FL

Country

Orange

3. Mailing Office Address

Suite, Apt. #, etc

City & State

Zip

Country

08-10

CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

Applied For

Not Applicable

6

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7 Name and Address of Current Registered Agent

Name

Carlos Noel

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

7512 DR Phillips Blvd Ste 50

Suite, Apt. #, Etc

City

Orlando

State

FL

Zip Code

32819

800188896108
12/21/10--01008--009 **500.00

800188896108
12/21/10--01008--010 **500.00

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

Carlos Noel

REGISTERED AGENT MUST SIGN

Date

12-20-2010

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.	Carlos Noel	7512 DR Phillips Blvd Ste 50	Orlando, FL 32819

800188896108
12/21/10--01008--011 **50.00

12/21

10. E-mail Address:

(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:

Carlos Noel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-20-2010