

2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2009 JUL 21 P 3: 21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04282009 REIN-P CR2E098 (1/07)

4. FEI Number **26-1283944** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DOCUMENT # P07000116485		
1. Entity Name RAS STAR, INC.		
Principal Place of Business 107 S STATE RD 7 PLANTATION, FL 33317		Mailing Address 107 S STATE RD 7 PLANTATION, FL 33317
2. Principal Place of Business - No P.O. Box #		3. Mailing Address
Suite, Apt. #, etc		Suite, Apt. #, etc
City & State		City & State
Zip	Country	Zip Country

6. Name and Address of Current Registered Agent

**MCKNIGHT, MICHAEL A
7905 HIBICUS CIR
TAMARAC, FL 33321**

7. Name and Address of New Registered Agent

Name _____

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

City **FL** Zip Code _____

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CEO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKNIGHT, MICHAEL A	NAME	900158709849
STREET ADDRESS	7905 HIBICUS CIR	STREET ADDRESS	07/21/09--01007--003 **300.00
CITY-ST-ZIP	PLANTATION, FL 33321	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	REINSTATEMENT
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<i>MS</i>
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Michael A. McKnight* Date: 8/5/09
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #