

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000068164

1. Corporation Name

STARCO INTERNATIONAL, INC.

Principal Place of Business

7800 W. OAKLAND PARK BLVD.  
BLDG. "G"  
SUNRISE, FL. 33351  
ATTN: REJEAN LAPIERRE

Mailing Address

7800 W. OAKLAND PARK BLVD.  
BLDG. "G"  
SUNRISE, FLORIDA 33351  
ATTN: REJEAN LAPIERRE

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

7800 W. OAKLAND PARK BLVD.

Suite, Apt. #, etc.  
BLDG. "G"

City & State  
SUNRISE, FLORIDA

Zip  
33351

Country  
USA

3. New Mailing Office Address, If Applicable

c/o REJEAN LAPIERRE

Suite, Apt. #, etc.  
7800 W. OAKLAND PARK BLVD.

City & State  
BLDG. "G", SUNRISE, FL.

Zip  
33351

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida

09/13/94

5. FEI Number

65-0521893

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	TARDIF, JEROME	300 THREE ISLAND BLVD. #818	HALLANDALE, FLORIDA 33009

7000002462557--9

-03/19/98--01109--008

\*\*\*\*900.00 \*\*\*\*900.00

8. Name and Address of Current Registered Agent

BARTHE, FREDERIC M  
2101 CORPORATE BLVD N.W. #400  
BOCA RATON, FL. 33431

9. Name and Address of New Registered Agent

Name  
LAPIERRE, REJEAN  
Street Address (P.O. Box Number is Not Acceptable)  
7800 W. OAKLAND PARK BLVD.  
Suite, Apt. #, Etc.  
BLDG. "G"  
City  
SUNRISE  
State  
FL  
Zip Code  
33351

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 2/26/98

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information  
on intangible tax.)

12. 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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

JEROME TARDIF 03-06-98 819-367-2314

Date

Daytime Phone #

CR2E040 (1/98)

FILED

98 MAR 17 PM 3:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 97-98

*[Signature]*