

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000071380

1. Corporation Name

STAR OF AMERICA, INC.

FILED

00 DEC 28 AM 10:17

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business

Mailing Address

2370 N.W. 96TH AVE.  
MIAMI FL 33172

2370 N.W. 96TH AVE.  
MIAMI FL 33172



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

1149 S.W. 27th Ave

1149 S.W. 27th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 203

Suite 203

City & State

City & State

MIAMI FLORIDA

MIAMI FLORIDA

Zip

Country

33135

U.S.A.

Zip

Country

33135

U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

09/28/1994

5. FEI Number

65-0530853

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D	GUERREIRO, MARIO D.N.	2370 N.W. 96TH AVE.	MIAMI FL 33172
D	GUERREIRO, MARIA T.C.	2370 N.W. 96TH AVE.	MIAMI FL 33172
			500003536255--2 -01/12/01--01089--024 ****150.00 ****150.00
			500003536255--2 -01/12/01--01089--025 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

MANGUART, JULIO E  
1428 BRICKELL AVENUE  
MAIN FLOOR  
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name Antonio F. Alentado  
A.F. ALENTADO & ASSOCIATES CO.

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

1149 SW 27th Avenue,

Suite, Apt. #, Etc.

Suite 203

City

Miami

State

FL

Zip Code

33135

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date 12.4.00

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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIO J.N. GUERREIRO

Date

11/3/2000

Daytime Phone #

KE

CR2E040 (8/99)