

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000002439**

1. Corporation Name

Representaciones Cinco Estrellas, Inc.

2. Principal Office Address

2512 NW 66 Dr.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boca Raton

City & State

Florida

Zip

33496

Country

U.S.A

Zip

Country

REINSTATEMENT

CR2E081 (12/05)

03-06

WOP

4. Date Incorporated or Qualified
To Do Business in Florida

Jan 10, 1995

5. FEI Number

65-0592567

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

Richard Stern

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

2512 NW 66 Dr.,

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33496

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

Date

3/7/06

REGISTERED AGENT MUST SIGN

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
Pres.	Richard Stern	2512 NW 66 Dr.	Boca Raton, FL 33436

400069448354

04/04/06--01055--020 **600.00

10. 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 contained in Chapter 119, 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

RICHARD STERN

Date

3/7/06

Daytime Phone #

561-998-9923

2052



Wednesday, March 08, 2006

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

REFERENCE DOCUMENT P95000002439

ENCLOSED FIND REINSTATEMENT FORM, TO REINSTATE MY COMPANY AS ACTIVE IN YOUR SYSTEM.

ALSO DUE TO THE FACT THAT MY ACCOUNTANT FELL SICK IN 2002, MY ANNUAL REPORTS DID NOT GET FILED. YOUR RECORDS WILL SHOW THAT IN 2003, MY ANNUAL REPORT WAS RETURNED TO YOUR OFFICE AS UNDELIVERABLE. THEREFORE WE ARE ASKING YOU TO WAIVE ANY PENALTIES FOR NOT FILING FOR THE YEARS 2003 TO PRESENT

I AM ENCLOSING MY CHECK FOR \$600 AS ADVISED BY ONE OF YOUR SERVICE REPRESENTATIVES TO BRING MY STATUS CURRENT AND ACTIVE.

IF THERE IS ANYTHING MORE THAT NEEDS TO BE DONE REGARDING THIS MATTER, PLEASE CONTACT ME.

THANK YOU IN ADVANCE FOR YOUR KIND COOPERATION

SINCERELY,

RICHARD STERN