

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1012

APPLICATION  
**90407AR**  
 FLORIDA DEPARTMENT OF STATE  
 and Secretary of State  
 REINSTATEMENT OF CORPORATIONS

DOCUMENT # P95000060856

1. Corporation Name

Starlight International Inc.

Principal Place of Business

Mailing Address

P. O. Box 61237  
 PALM BAY, FL 32906

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

2. New Principal Office Address, If Applicable

905 SONESTA AVE.

Suite, Apt. #, etc.

0201

City & State

PALM BAY FL

Zip

32905

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

Aug - 7 - 95

5. FEI Number

59-3330532

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	ELMAHI A. ELMAHI	905 SONESTA AVE.	PALM BAY, FL 32905
VP	WAFRA S. ELSEID	905 SONESTA AVE	PALM BAY, FL 32905
T	ELMAHI A. ELMAHI	905 SONESTA AVE	PALM BAY, FL 32905
			800002230199--9
			-07/03/97--01087--008
			****374.74 ****374.74
			JB 7-1-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

ELMAHI A. ELMAHI

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

905 SONESTA AVE

Suite, Apt. #, Etc.

0201

City

PALM BAY

State

FL

Zip Code

32905

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

REGISTERED AGENT MUST SIGN

Date 6/27/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes.

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:

ELMAHI A. ELMAHI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/27/97

Date

(407)951-7039

Daytime Phone #

CP25040 (12/96)

20f2

**Starlight International Inc.**

**P. O. Box 71236**

Palm Bay, FL 32906

U. S. A.

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Tel. (407) 951-7039

Fax. (407) 951-7039

June 27, 1997

**Division of Corporations**

P. O. Box 6327

Tallahassee, FL 32314

Dear Sir:

We have been incorporated since 1995; recently it came to our attention that our company has been out of status since Aug. 1996. We haven't receive any Form from your office concerning company's registration, given that no address change took place.

We sending you with letter an application for reinstatement and a check for \$ 365.99. ~~+\$8.75~~

Please accept our request for the given reason, and hopefully this matter will be taken care of in the future.

Best regards,

Sincerely,



E. A. Elmahi

President,

Starlight International Inc.