

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 OCT 31 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000010937

1. Corporation Name

STAR USA INDUSTRIES INC.

Principal Place of Business

Mailing Address

8903 GLADES RD., #A-10
BOCA RATON FL 33434

8903 GLADES RD., #A-10
BOCA RATON FL 33434

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

4. Date Incorporated or Qualified
To Do Business in Florida

02/01/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0696884

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 3	City / State / Zip 4
P	WONGCHINSRI, NICK	8903 GLADES RD, A10	BOCA RATON FL 33934
VP	WONGCHINSRI, SUNEE	8903 GLADES RD, A10	BOCA RATON FL 33934
			800003468778--2 -11/17/00--01067--009 ****150.00 ****150.00
			LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

10/27/00

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/27/00

Daytime Phone #

202

STAR USA INDUSTRIES INC.
8903 GLADES RD. A-10
BOCA RATON, FLORIDA 33434
Tel. 561 451-0086

Date: 10/27/2000

Ref: Notice of Administrative Dissolution or Rev.

Dear Sirs,

Please accepted our check of \$ 150.00 enclosed. We were understood that this Filing must be done every year but we have never received such Notice from you at all. Until we have checked with our accountant today of our status.

Thank you very much,

Nick Wongchinsri