

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 DEC 22 AM 8:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

js
12-22

DOCUMENT # P96000099149

1. Corporation Name

CHIMERATEK ALL STAR INTERNET, INC

2. Principal Office Address - No P.O. Box #

2511 NE 48th St

Suite, Apt. #, etc.

City & State

Lighthouse Point, FL

Zip

33064

Country

USA

3. Mailing Office Address

265 S Federal Hwy

Suite, Apt. #, etc.

#330

City & State

Deerfield Beach, FL

Zip

33441

Country

USA

300163788433

12/18/09--01006--007 **300.00

CR2E081 (11/09)

REINSTATEMENT 08-01

4. Date Incorporated or Qualified
To Do Business in Florida 12/06/1996

5. FEI Number
65-0719843

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

Harold Safran

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

2511 NE 48th St

Suite, Apt. #, Etc.

City

Lighthouse Point

State

FL

Zip Code

33064

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Harold Safran

REGISTERED AGENT MUST SIGN

Date 12/16/2009

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	Harold Safran	2511 NE 48th St	Lighthouse Point, FL 33064

10. E-mail Address: Hal@allstarinternet.com

(To be used for future annual report notification)

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. I further certify, 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:

Harold Safran

Harold Safran - Pres

12/16/09

800-781-0425

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #