

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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



FILED

99 DEC -6 PM 3:03

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # P97000039903

1. Corporation Name

**STARBUCK INVESTMENTS CORP.**

Principal Place of Business

Mailing Address

**5951 S.W. 46TH STREET  
 MIAMI, FLORIDA 33155**

**REINSTATEMENT** *gg*

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

2. New Principal Office Address, If Applicable

**5951 S.W. 46TH STREET**

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

**5951 S.W. 46TH STREET**

Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

**65-0761450**

Applied For

Not Applicable

City & State

**MIAMI, FLORIDA**

City & State

**MIAMI, FLORIDA**

Zip

**33155**

Country

**DADE**

Zip

**33155**

Country

**DADE**

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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
<i>Pres Sec.</i>	<b>LORENZO J. PALOMARES</b>	<b>255 UNIVERSITY DRIVE</b>	<b>CORAL GABLES, FL 33134</b>

500003070245--5  
 -12/14/99--01104--022  
 \*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

**LORENZO J. PALOMARES  
 255 UNIVERSITY DRIVE  
 CORAL GABLES, FL 33134**

9. Name and Address of New Registered Agent

Name  
**LORENZO J. PALOMARES**  
 Street Address (P.O. Box Number is Not Acceptable)  
**255 UNIVERSITY DRIVE**  
 Suite, Apt. #, Etc.

City  
**CORAL GABLES.** State  
**FL** Zip Code  
**33134**

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

*1/16/99*

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-16-99 (305) 926-1110  
 Date Daytime Phone #

**KE**

CR2E081 (12/98)