

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

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

Mailing Address

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

REINSTATEMENT

gg

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
<i>Pres</i>	LORENZO J. PALOMARES	255 UNIVERSITY DRIVE	CORAL GABLES, FL 33134
<i>Sec.</i>			

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******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

CR20061 (12/98)