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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 AUG 14 AM 10:52

STATE OF FLORIDA  
DEPARTMENT OF REVENUE

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000047351

1. Corporation Name

SOUTHSTAR MANAGEMENT, INC.

REINSTATEMENT

05-06

2. Principal Office Address

751 PARK OF COMMERCE DR.

3. Mailing Office Address

Suite, Apt. #, etc.

128

Suite, Apt. #, etc.

City & State

BOCA RATON

City & State

Zip

33487

Country

PALM BEACH

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/29/1997

5. FEI Number

52-2321367

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

12/13/05 01063 006 \$150.00  
CR2E081 (12/05)

**7. Name and Address of Current Registered Agent**

Name

Baritz & Colman LLP / Nancy B. Colman, Esq.

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

150 E. Palmetto Park Road

Suite, Apt. #, Etc.

Suite 750

City

Boca Raton

State

FL

Zip Code

33432

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

Nancy B. Colman

REGISTERED AGENT MUST SIGN

Date 8/7/06

**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
P	MARTIN PECHTER	751 PARK OF COMMERCE DRIVE	BOCA RATON, FL 33487
V	JEFFREY PECHTER	751 PARK OF COMMERCE DRIVE	BOCA RATON, FL 33487
V	GINA WILLIAMS	751 PARK OF COMMERCE DRIVE	BOCA RATON, FL 33487
			500078763575 08/16/06--01024--001 **158.75

10. 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 contained in Chapter 119, 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:

GINA WILLIAMS

GINA WILLIAMS

Ex. 219

07/14/06

561-982-7770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

B. Mitchell

AUG 15 2006

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SouthStar  
Management  
Inc.

ATTN:  
Barbara Mitchell

July 24, 2006

Department of State Division of Corporation  
P.O. Box 6327  
Tallahassee, FL 32314

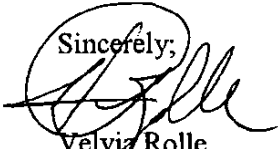
RE: P97000047351

To Whom It May Concern:

This letter is to request that the fee for reinstatement be waived for Southstar Management, Inc. The annual report notice for this entity has not been received.

Your consideration in this matter, would be greatly appreciated.

Sincerely,

  
Velvia Rolle  
A/P Administrator