

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 MAY 27 PM 12:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 97000065892

1. Corporation Name

LOVE STAR DISTRIBUTORS INC.

REINSTATEMENT 02-03

300018465643

05/07/03--01097--014 **900.00

2. Principal Office Address

8001 W 26 Ave

3. Mailing Office Address

same

Suite, Apt. #, etc.

Suite 9

Suite, Apt. #, etc.

City & State

Hialeah FL

City & State

Zip

33016

Country

USA

Zip

Country

4. Date Incorporated or Qualified

10-03-00

5. FEI Number

65-0773875

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

Manuel J. Valle Jr.

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

8001 W 26 Avenue

Suite, Apt. #, Etc.

Suite 9

City

Hialeah

State

FL

Zip Code

33016

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

Manuel J. Valle Jr.

Date

5-5-03

REGISTERED AGENT MUST SIGN

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
President	Manuel J. Valle, Jr.	8001 W 26 Ave. Ste 9	Hialeah, FL 33016

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 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:

Manuel J. Valle Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-5-03

Date

3055584488

Daytime Phone #

CR2E081 (10/02)

91 3/29