

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra P. Mathis
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 AUG -6 PM 3:09

DOCUMENT # P97000071366

1. Corporation Name

STAR FINDER, INC.

Principal Place of Business

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

13755 SW 119 Ave.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Zip

33186

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

8-18-1997

5. FEI Number

65-0829095

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$875 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	Samuel E. Lee	11410 Deal Rd.	Ft. Myers, FL 33917
TD	Joseph S. Scala	11 Squire Lane	Mifflinville, PA 18631
CEO DS	Al Lawrence	289 Borden Rd.	Wallkill, NY 12589
			300004548253--3
			-08/22/01--01025--003
			****300.00 ****300.00
			SP

8. Name and Address of Current Registered Agent

Samuel E. Lee
11410 Deal Rd.
N. Ft. Myers, FL 33917

9. Name and Address of New Registered Agent

Name
Al Lawrence
Street Address (P.O. Box Number is Not Acceptable)
13755 SW 119 Ave.
Suite, Apt. #, Etc.
City
Miami
State
FL
Zip Code
33186

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

Al Lawrence

REGISTERED AGENT MUST SIGN

Date 8-1-01

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

Al Lawrence

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-1-01

Date

305-477-8080

Daytime Phone #

CR2E040 (12/96)