

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 APR 12 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000079468

1. Corporation Name

STAR IN AMERICA

2. Principal Office Address

7545 E. TREASURE DR.

Suite, Apt. #, etc.

2A

City & State

NORTH BAY VILLAGE, FL

Zip

Country

33141

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

SP

4. Date Incorporated or Qualified
To Do Business in Florida

9/15/97

5. FEI Number

65-0780112

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

MARTIN KALKA #00004035224-3

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

245 SE 1ST ST

-04/20/01--01057--028

****900.00 ****900.00

Suite, Apt. #, Etc.

311

City

MIAMI

State
FL

Zip Code

33131

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

[Signature]

Date

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
P.D	JUSSARA QUINAN	7545 E. TREASURE DR. # 2A	NORTH BAY VILLAGE FL 33141
VPD	ISRAEL BLANCO	600 NE 36TH ST. # 1212	MIAMI, FL 33137
D	PETER QUINAN JR.	7545 E. TREASURE DR. # 2A	NORTH BAY VILLAGE FL 33141

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/2001

Date

(305) 861-8522

Daytime Phone #

CR2E081 (9/00)