

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 MAY 31 PM 3:07

DOCUMENT # **P97000080896**

1. Corporation Name

STAR TRANSMISSION, INC.

2. Principal Office Address

742 N.W. 9TH AVE

Suite, Apt. #, etc.

3. Mailing Office Address

742 N.W. 9TH AVE

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FL

Zip

33311

Country

USA

City & State

FT. LAUDERDALE, FL

Zip

33311

Country

USA

REINSTATEMENT

02-05

4. Date Incorporated or Qualified
To Do Business in Florida

09/17/1997

5. FEI Number

65-0785058

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

ONEIL BECKFORD

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

742 N.W. 9TH AVE

Suite, Apt. #, Etc.

City

Font LAUDERDALE

State

FL

Zip Code

33311

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

Oneil Beckford

REGISTERED AGENT MUST SIGN

Date **5/27/05**

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
D/P	ONEIL BECKFORD	742 N.W. 9TH AVE	FT. LAUDERDALE, FL 33311

600055532216

05/31/05 01065-007 **1200.00

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:

Oneil Beckford

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/27/05

Date

754-525-1318

Daytime Phone #