

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 DEC 13 PM 4:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000105282

1. Corporation Name

BIG STAR INTERNATIONAL FOOD & HALAL MEAT, INC.

2. Principal Office Address

19 W. Flagler St., Suite 807

Suite, Apt. #, etc.

807

City & State

Miami, FL

Zip

33130

Country

U.S.A.

3. Mailing Office Address

19 W. Flagler St.

Suite, Apt. #, etc.

807

City & State

Miami, FL

Zip

33130

Country

U.S.A.

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

59-3482242

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

200043376122
12/14/04--01004--005 **785.00

7. Name and Address of Current Registered Agent

Name

Peter Kneski, Esq.

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

19 West Flagler Street,

Suite, Apt. #, Etc.

807

City

Miami,

State

FL

Zip Code

33130

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

REGISTERED AGENT MUST SIGN

Date 12/10/04

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
PSD	Adnan B. Bibtana	19 W. Flagler Street, Suite 807	Miami, FL 33130

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

Date

Daytime Phone #

CR2001 (01/04)