

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

99 NOV 16 PM 3:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000012629**

1. Corporation Name

**All Star Investment Group Inc**  
Principal Place of Business Mailing Address  
**300 BISCAYNE BLVD WAY #1014-160**  
**MIAMI FLA 33131**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| 2. New Principal Office Address, If Applicable<br><b>300 BISCAYNE BLVD WAY #1014-160</b><br>Suite, Apt. #, etc. <b>1014-160</b><br>City & State <b>MIAMI FL 33131</b><br>Zip <b>FLA</b> County <b>DADE</b> |  | 3. New Mailing Office Address, If Applicable<br><b>300 BISCAYNE BLVD WAY #1014-160</b><br>Suite, Apt. #, etc. <b>1014-160</b><br>City & State <b>MIAMI FLA</b><br>Zip <b>33131</b> County <b>DADE</b> |  | 4. Date Incorporated or Qualified to Do Business in Florida <b>2-9-98</b> |  |
| 5. FEL Number <b>65-0862964</b>  |  |   |  | Applied For<br><input type="checkbox"/> Not Applicable                    |  |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>  |  |   |  | \$8.75 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)

| 1. Title(s)     | 2. Name of Officers and/or Directors | 3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4. City / State / Zip |
|-----------------|--------------------------------------|--|-----------------------|
| <b>Director</b> | <b>President</b>                     |  |                       |
|                 | <b>Timothy Hardaway</b>              | <b>10050 S.W. 62 AV</b>  | <b>MIAMI FL</b>       |
| <b>TS</b>       | <b>Anthony C. Riley</b>              | <b>8245 S.W. 187 Ter</b>   | <b>MIAMI FL 33157</b> |
|                 |                                      |  |                       |
|                 |                                      |  |                       |
|                 |                                      |  |                       |

**REINSTATEMENT 99** **TS**

8. Name and Address of Current Registered Agent

**Anthony C. Riley**  
**8245 S.W. 187 Ter**  
**MIAMI FL 33157**

9. Name and Address of New Registered Agent

Name **Anthony C. Riley**  
Street Address (P.O. Box Number is Not Acceptable) **8245 S.W. 187 Ter**  
Suite, Apt. #, Etc.  
City **MIAMI** State **FL** Zip **33157**

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 **Anthony C. Riley** Date **11-16-99**  
REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. 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: **Anthony C. Riley** 11-16-99 305 812 0759 cell  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**OFF 305 824 057**

CR2001 (12/98)