


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
05 APR 25 AM 10:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000029000

1. Corporation Name  
**STAR TEAM MARKETING, INC**

2. Principal Office Address <b>2981 NW 166<sup>th</sup> Street</b>		3. Mailing Office Address <b>2981 NW 166<sup>th</sup> Street</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>MIAMI, FL</b>		City & State <b>MIAMI, FL</b>	
Zip <b>33054</b>	Country <b>DADE</b>	Zip <b>33054</b>	Country <b>DADE</b>

REINSTATEMENT 99-05

4. Date Incorporated or Qualified To Do Business in Florida **3/30/1998**

5. FEI Number **84-1676451**  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 **ALGERNON J. MOORE JR.**

Street Address (P.O. Box Number is Not Acceptable)  
**2981 NW 166<sup>th</sup> STREET**

Suite, Apt. #, Etc. **000054208980**

City **MIAMI**

State **FL** Zip Code **33054**

05/10/05--01045--021 \*\*1650.00

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 *Algermon Moore* Date **04-22-05**

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	ALGERNON J. MOORE, JR	2981 NW 166 <sup>th</sup> STREET	MIAMI, FL 33054
VP	COSONGIE S. MOORE	2981 NW 166 <sup>th</sup> STREET	MIAMI, FL 33054

*AMS*

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: *Algermon Moore* Date **04-22-05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (01/05)