

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILLED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 AUG 19 AM 9:24

DOCUMENT # 798000030501

1. Corporation Name

STARFIRE'S Poms, Inc.

2. Principal Office Address

23750 SW 142 Avenue

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33032

Country

Miami Dade

3. Mailing Office Address

23750 SW 142 Avenue

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33032

Country

Miami-Dade

4. Date Incorporated or Qualified  
To Do Business in Florida

04/02/1998

5. FEI Number

65-0828261

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

Berta M Sanders, CPA

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

9550 NW 77 Avenue

Suite, Apt. #, Etc.

Suite 3

City

Hiawath Gardens

State

FL

Zip Code

33016

500058436725  
08/10/05--01025--005 \*\*\*1208.75

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

Berta M. Sanders

Date

8/1/05

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
<u>D</u>	<u>Jose A Cabrera</u>	<u>23750 SW 142 Avenue</u>	<u>Miami, FL 33032</u>
<u>D</u>	<u>Fabian Arienti</u>	<u>23750 SW 142 Avenue</u>	<u>Miami, FL 33032</u>

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:

Graub Henry

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/8/05

Date

305 257-2818

Daytime Phone #

CR2E081 (01/05)