

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION
FOR
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 18 PM 1:02

DOCUMENT # **P98000079565**

1. Corporation Name

STELLASOL, INC.

Principal Place of Business

5601 COLLINS AVENUE, PH1
MIAMI BEACH FL 33140

Mailing Address

5601 COLLINS AVENUE, PH1
MIAMI BEACH FL 33140



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/15/1998

5. FEI Number

65-0862910

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	CASTELLANO, MICHEL	5601 COLLINS AVE PH1	MIAMI BEACH FL 33140
S	BERNSTEIN, MICHELLE	2420 FLAMINGO DR APT 4	MIAMI BEACH FL 33139
T	GARZO, FABIO	650 WEST AVE APT 2409	MIAMI BEACH FL 33139
O	LAU, ESTHER	3660 NE 166 ST APT 308	N MIAMI BCH FL 33160

000004662488 SP-5
-11/01/01--01035--012
****150.00 ****150.00

8. Name and Address of Current Registered Agent

CASTELLANO, MICHEL
5601 COLLINS AVENUE, PH1
MIAMI BEACH FL 33140

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10-15-01

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-15-01 305 535 3519

CR20-00 (8/01)

STELLASOL INC.

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To:
FLORIDA DEPARTMENT OF STATE
Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

October 15, 2001

REF. Document # P98000079565

To Whom It May Concern:

Please find attached check # 6067 in the amount of \$ 150.00 for payment of the annual corporation fee.

We respectfully request the waiver of the reinstatement fee, for not having received the original form.

Regards,


Fabio Garzo
Officer

455 OCEAN DRIVE
MIAMI BEACH FL 33139
TEL 305 535 8882 FAX 305 535 6680