

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P99000017646**

1. Corporation Name

STAAR ENTERPRISES, INC.

Principal Place of Business

14099 GULF BLVD.
MADEIRA FL 33708

Mailing Address

95-25 QUEENS BLVD.
SUITE 704
REGO PARK NY 11374

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

02/22/1999

5. FEI Number

582464196

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	BANDUKRA, SABINA SABINA	24 MARGIE ST	OCEANSIDE NY 11572
D	HIMANI, SABINA	10 POLE DRIVE	OLD WESTBURY NY 11568
D	KAPOOR, SANEH	171 SOUNDVIEW DRIVE	PORT WASHINGTON NY 11050
D	SHAH, SULEMAN	8 LANDING COURT	DIXHILLS NY 11746
D	TAUFIQ, SAL	203-176 AVE EAST	REDINGTON SHORE FL 33708
780004730437-6 -12/18/01--01030--010 ***750.00 ***750.00			

8. Name and Address of Current Registered Agent

BURNS, PAUL J
12525 WALSINGHAM RD.
LARGO FL 33774

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

Paul J Burns
REGISTERED AGENT MUST SIGN

Date

11/28/01

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:

Sabina Bandukra
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/14/01

Daytime Phone #

718-459-7300

[Handwritten mark]



REINSTATEMENT 2001

FILED

DEC -3 PM 4:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E040 (8/01)