## 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000104009  1. Entity Name		FILED
STAR ELECTRICAL CONSULTING CORP.		06 NOV 13 PM 2: 13
Principal Place of Business  7696 PORTO VECCHIO PLACE  DELRAY BEACH, EL 33446  Mailing Address  7696 PORTO VECCHIO PLACE  DELRAY BEACH, FL 33446		- ORGANITARO OF STATE TALLAHASSEE, FLORIDA
2. Principal Place of Business 101 PLAZA REAL S 101 PLAZA	- REAL S	
Suite, Apt. #, etc. Suite, Apt. #, etc.		11032006 REIN-P CR2E098 (11/05) UC
BOCA RATON BOCA RATO	SN .	4. FEI Number Applied For
33432 Country USA 33432	Country USA	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name		
BORRESS, HOWARD 7896 PORTO VECCHIO PLACE 101 PLAZA REAL SOUTH Street Address (P.O. Box Number is Not Acceptable)		
DELRAY BEACH, FL 33446 BOCA RATON, FL. 33 APT. 820	1432	
917-217-6978	City	FL Zip Code
8. The above named entity submits this statement or the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATURE		
Signature typed or printed name of reclastred agent and blert applicable (NOTE: Registered Agent signature required when reinstating) "DATE		
FILE NOWIII FEE IS \$150.00  After January 1, 2007, Fee will be \$300.00  In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS  □□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□	11.	MRD&TMRS.HW&DRRESSS AND DIRECTORS IN 11  101 PLAZA REAL SOUTH Change Addition
NAME BORRESS, HOWARD STREET ADDRESS 7696 PORTO VECCHTO PL CITY-S1-ZIP DELRA BEACH, FL 33446	NAME STREET ADDRESS CITY-ST-ZIP	BOCA RATON, FL. 33432 APT. 820
IIILE VP	TITLE NAME STREET AODRESS	MR. & MRS. H. BORRESS Change Addition 101 PLAZA REAL SOUTH BOCA RATON, FL. 33432
CITY-ST-ZIP DEDRAY BEACH, FL 33346	CITY-ST-ZIP	APT. 820 — Change Addition
NAME STREET ADDRESS : CITY-S1-ZIP	NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-S1-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200081736412 11/13/0601035021 **150.00
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	TITLE NAME STREET ADDRESS GITY-ST-ZIP	☐ Change ☐ Addition
IIILE Delete NAME STREET ADDRESS CITY-S1-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
12. I hereby certify that the information supplied with his king does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the reporter or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.  SIGNATURE  SIGNATURE  SIGNATURE  Dayling Phone 1		