

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 MAR 23 PM 2:25

FILING CANCELLED
RETURNED CHECK

DOCUMENT # S18207

1. Corporation Name

STAR-FORCE ENTERTAINMENT ENTERPRISES CORP.

2. Principal Office Address - No P.O. Box #

1001 Brickell Bay Drive

Suite, Apt. #, etc.

3. Mailing Office Address

1001 Brickell Bay Drive

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33131

Country

USA

Zip

33131

Country

USA

REINSTATEMENT 94-2012

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

12/12/1990

5. FEI Number

☒ 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

Anthony Williams

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

555 NE 15th Street

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33132

700226002857
03/26/12--01005--002 **3450.00

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

Anthony Williams

REGISTERED AGENT MUST SIGN

Date 03/20/2012

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	Gonzalez, Angel	555 NE 15th Street	Miami, Florida 33132
SVPS	Amado, Y H	555 NE 15th Street	Miami, Florida 33132
VP	Del Campo, Joel	555 NE 15th Street	Miami, Florida 33132
T	Laurenti, Rafael	555 NE 15th Street	Miami, Florida 33132
AS	La Rosa, Lazaro	555 NE 15th Street	Miami, Florida 33132

10. E-mail Address: rlt@wwaexport.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Anthony Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/20/2012 3052341662

Date

Daytime Phone #