

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 594976

1. Corporation Name
STAR-LITE PAINTING, INC.
W-28733

Principal Place of Business
11838 Highland Pl
Coral Springs, FL 33071

Mailing Address
same

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable
see above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country
USA

Zip Country
Broward

FILED
01 JAN 10 PM 12:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 93-00

4. Date Incorporated or Qualified To Do Business in Florida
11-92 **SP**

5. FEI Number
65-0334779

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PRES	JOSEPH RAMU	11838 Highland Pl	Coral Springs, FL 33071
V.P.	LAURA RAMU	same	
			300003536613-4
			01/12/01-01103-021
			***1800.00 ***1800.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JOSEPH RAMU 11838 Highland Pl Coral Springs, FL 33071	Name
	Street Address (P.O. Box Number is Not Acceptable)
	Suite, Apt. #, Etc.
	City State Zip Code <u>FL</u>

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] Date 11/26/00
REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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] LAURA RAMU, VP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/26/00
954-255-1293
Date Daytime Phone #

CR2E081 (12/98)