

11/25/03 01045 005 * 750.00

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 DEC 22 AM 8:00

DOCUMENT # P 000000 22579

1. Corporation Name

STA Inc.

2. Principal Office Address

2600 Douglas Rd.

Suite, Apt. #, etc.

Suite 905

City & State

Coral Gables, FL

Zip

33134

Country

USA

3. Mailing Office Address

347 Washington Ave.

Suite, Apt. #, etc.

City & State

Miami Beach, FL

Zip

33139

Country

USA

REINSTATEMENT 03

4. Date Incorporated or Qualified To Do Business in Florida

3/6/2000

5. FEI Number

650997346

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

Wanda Pistella, P.A.

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

7385 SW 87 Avenue

Suite, Apt. #, Etc.

Suite 100

City

Miami

State

FL

Zip Code

33173

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

Wanda Pistella
REGISTERED AGENT MUST SIGN

Date

12/10/03

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
DPB	Fernando Canale	347 Washington Ave	Miami Beach FL 33139
VPD	Roberto A.F. Roberts	2600 Douglas Road Unit 905	Coral Gables, FL 33134

10. 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

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/10/03

Daytime Phone #

305-532-6570

CR2E081 (10/02)