PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 MAY 12 PM 3:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000079954

**1.** Corporation Name
BRIGHTSTAR E-PIN SOLUTIONS CORP.

| **2.** Principal Office Address | | **3.** Mailing Office Address | |
|---|---|---|---|
| 2010 NW 84 Avenue | | 2010 NW 84 Avenue | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Miami, FL | | Miami, FL | |
| Zip | Country | Zip | Country |
| 33122 | USA | 33122 | USA |

**4.** Date Incorporated or Qualified To Do Business in Florida 7/23/02

**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
Clayton E. Parker

Street Address (P.O. Box Number is Not Acceptable)
Kirkpatrick & Lockhart Nicholson Graham LLP

Suite, Apt. #, Etc.
201 S. Biscayne Blvd., 20th Floor

City: Miami | State: FL | Zip Code: 33131

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05/11/05 01021-013 **105.00

**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 _____ Date _____
REGISTERED AGENT MUST SIGN

CR2E081 (01/05)

**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/C | Raul Marcelo Claure | 2010 NW 84 Avenue | Miami, FL 33122 |
| | | | |
| | | | |
| | | REINSTATEMENT 03-05 | |
| | | | |
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**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:** _____ Raul Marcelo Claure 5/10/05 305 477 8676
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #