, included placed the territory PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED FLORIDA DEPARTMENT OF STATE CORPORATION Secretary of State 03 MAY -1 PM 2: 08 REINSTATEMENT DIVISION OF CORPORATIONS SECRETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # /960000 73102 1. Corporation Name STAR TRADER INVESTMENTS INC 2. Principal Office Address 3. Mailing Office Address Suite, Apt. #, etc. Date Incorporated or Qualifie To Do Business in Florida City & State City & State 5. FEL Number Applied For Not Applicable \$8.75 Additional Fee required for a Certificate of Status CERTIFICATE OF STATUS DESIRED 7. Name and Address of Current Registered Agent - 000013323046 05/20/03--010**69**-002 **! 00.00 未来] 05/20/03--010**52-**-002 **1230.00 Suite, Apt State 8. I, being appointed the registered agent of the above gamed corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent SISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director Titles City / State / Zip 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 filling 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**

Daytime Phone #