PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT -7 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200023612002
10/07/03--01039--006 **158.75
REINSTATEMENT 03

DOCUMENT # P97000094111

1. Corporation Name

NORTH STAR VISIONS, INC.

2. Principal Office Address	3. Mailing Office Address
9123 N. MILITARY TR.	9123 N. MILITARY TR.
Suite, Apt. #, etc. STE 208	Suite, Apt. #, etc. STE 208
City & State PALM BCH. GAR., FL	City & State PALM BCH. GAR., FL
Zip 33410 Country PALM BCH	Zip 33410 Country PALM BCH.

4. Date Incorporated or Qualified To Do Business in Florida 11/3/97

5. FEI Number 650792270 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: HAMLIN, ROY C. JR.

Street Address (P.O. Box Number is Not Acceptable): 9123 N. MILITARY TR.

Suite, Apt. #, Etc.: STE. 208

City: PALM BEACH GARDENS | State: FL | Zip Code: 33410

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.

X Signature of Registered Agent _____ Date 10/3/03

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
PD	ROY C. HAMLIN JR.	9123 N. MILITARY TR. STE. 208	PALM BCH. GAR. FL 33410

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.

X SIGNATURE: _____ ROY C. HAMLIN, JR. 10/3/03 (561) 625-1610

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

jn 10/9

Gary M. Crist
Attorney

October 3, 2003

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Reinstatement: North Star Visions, Inc.
Fairway Productions Group, Inc.
Neat Visions, Inc.
Florida Championship Awards, Inc.

Dear Sir or Madame:

Enclosed herewith are corporation reinstatement forms for each of the referenced corporations. Also enclosed are checks from each corporation in the amount of $158.75 representing the 2003 annual fee and a request for the issuance of a Certificate of Status for each corporation.

On behalf of the each corporation I respectfully request that reinstatement fees and late fees be waived due to circumstances having resulted in each corporation not receiving notice of its 2003 Annual Report obligation.

Your consideration is most appreciated. Please return each Certificate of Status to:

Gary M. Crist, Esq.
36 Dorchester Circle
Palm Beach Gardens, FL 33418

Thank you.

Sincerely yours,

Gary M. Crist

C: R. Hamlin

Encs.

36 Dorchester Circle * Palm Beach Gardens, Florida, 33418 * Phone: (561) 626-9988 * Fax: (561) 626-9125
Email: gcrist@bellsouth.net