PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 MAY 29 PM 4:58
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P98000058371

1. Corporation Name
Florida 5 Star Properties, Inc.

2. Principal Office Address
P O Box 203
Suite, Apt. #, etc.
City & State
St. Petersburg, Fl
Zip 33709 Country USA

3. Mailing Office Address
P.O. Box 203
Suite, Apt. #, etc.
City & State
St. Petersburg Fl
Zip 33709 Country USA

REINSTATEMENT 00-03

4. Date Incorporated or Qualified To Do Business In Florida 10/15/1998

5. FEI Number — Applied For / ✓ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $30.00 Additional Fee Required For a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Ed Jackson
Street Address (P.O. Box Number is Not Acceptable): 8800 Bay Pines Blvd
Suite, Apt. #, Etc.
City: St. Petersburg State: FL Zip Code: 33709

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: REGISTERED AGENT MUST SIGN Date: May 20, 2003

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
Pres	Ed Jackson	8800 Bay Pines Blvd	St. Pete, Fl 33709
Sec	John Jackson	8800 Bay Pines Blvd	St Pete, Fl 33709

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 are genuinely 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: Ed Jackson — 5/20/2003 — 727)639-1646
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E031 (1/01)

Florida Department of State
Division of Corporations
Public Access System

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)521-1030

CORPORATION REINSTATEMENT

FLORIDA 5STAR PROPERTIES, INC.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	$1,208.75