PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION. REINSTATEMENT DOCUMENT # PO20 1. Corporation Name SUPER STAR CLE	DIVISION OF	ary of State conponations	TATE		FILED UL 30 PM II AHASSIT.FI			
2. Principal Office Address 500 SW 39 CT Suite, Apt. #, etc. City & State MI AML FL Zi 33/34 Country USA	Suite, Apt. #, etc. SAN City & State S191 Zip	AME		To Do Busin FEI Number 5 / - (orated or Qualified ess in Florida 051-57 DF STATUS DESIRED	3/18 84 S8.75 Add for a Ce	2002 Applied For Not Applicatitional Fee requirificate of State	Die sirec
Name CAR COS MANUEL VALIENTE Street Address (P.O. Box Number is Not Acceptable) 4000 S.W 5 T.C.R Suite, Apt. #, Etc. City I.A.M.I. State Zip Code FL 33/34 8. 1, 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								CR2E061 (01/04)
9. Names and Street Addresses of Each Officer a Name of Officers and/or Director PCARIOS M U	3	Street Address Officer and/or	s of Each	2 <i>R</i> 08/1	CH MIAME 000402 7/0401076 000402 7/0401076	2532 018		
10. I certify that I am an officer or director or the recthis reinstatement application, the reason for discowed by the corporation have been paid and the on this application is true and accurate, and my SIGNATURE:	solution has been eliminated a names of individuals listed signature shall have the san	d, the corporate name on this form do not qui ne legal effect as if ma	satisfies the calify for an ex	requirements o kemption under h.	f section 607.0401 or	617.0401, F.S	., that all fees nation indicated	3