

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 JAN 10 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98000004354

1. Corporation Name

WORLDSTAR GROUP HOLDINGS, INC.

Principal Place of Business

Mailing Address

~~800 BISCAYNE BLVD., SUITE 750~~
~~MIAMI FL 33132~~

~~800 BISCAYNE BLVD., SUITE 750~~
~~MIAMI FL 33132~~



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

800 Brickell Avenue

3. New Mailing Office Address, If Applicable

800 Brickell Avenue

Suite, Apt. #, etc.

900

Suite, Apt. #, etc.

900

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33131

Country

USA

Zip

33131

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

07/30/1998

5. FEI Number

74-2763349

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED I

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
CP	VALDEZ, D. OMAR	330 BISCAYNE BLVD., SUITE 750 800 Brickell Ave, Suite 900	MIAMI FL 33132 33131
VCVP	VALDEZ, FRANK JR.	330 BISCAYNE BLVD., SUITE 750	MIAMI FL 33132
			8000003107098--2 -01/21/00--01103--021 ****158.75 ****158.75
			REINSTATEMENT 99-00178
			8000003107098--2 -01/21/00--01103--022 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

~~VALDEZ, FRANK JR.~~

~~800 BISCAYNE BLVD., SUITE 750~~

~~MIAMI FL 33132~~

9. Name and Address of New Registered Agent

Name

MICHAEL SCHIEFRIN

Street Address (P.O. Box Number is Not Acceptable)

ONE SOUTHEAST THIRD AVENUE

Suite, Apt. #, Etc.

Suite 1450, SunTrust Int'l Center

City

Miami

State

Zip Code

8000003107098--2

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0305, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

12-13-99

11. 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)(l), 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/6/99 800-329-4700

Daytime Phone #