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05 NOV 28 AM 9:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04-05

T. Roberts NOV 30 2005
CR2E081 (8/05)

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J23660

1. Corporation Name
7 STAR TRANSPORTATION, INC

2. Principal Office Address 10730 SW 172ND ST Suite, Apt. #, etc.		3. Mailing Office Address SAME Suite, Apt. #, etc.	
City & State MIAMI, FLORIDA		City & State	
Zip 33157	Country DADE	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida	07/09/1986
5. FEI Number	59-2703626
Applied For	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: **NORMAN DACOSTA**

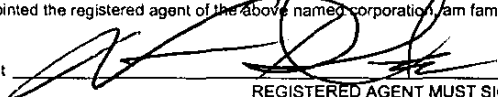
Street Address (P.O. Box Number is Not Acceptable): **10730 SW 172 ST**

Suite, Apt. #, Etc.

City: **MIAMI**

State: **FL** Zip Code: **33157**

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:  Date: **11/22/05**

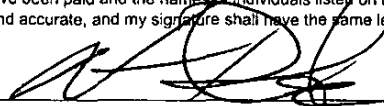
REGISTERED AGENT MUST SIGN

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	NORMAN DACOSTA	10730 SW 172 ST	MIAMI, FL. 33157

000061732560
11/28/05--01061--016 **308.75

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.

SIGNATURE:  **NORMAN DACOSTA** 11/22/05 305 903 6042

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

PS 2 92

J.C. MOLINA, P.A.
Accounting, Tax and Business Consulting

November 23, 2005

Uniform Business Report
Division of Corporation
P.O. Box 6327
Tallahassee, Florida 32314

REF: Doc. # J23660

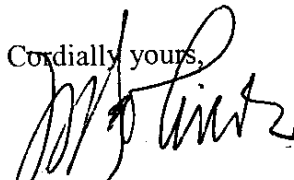
Dear Sir:

We are writing this letter in the name of our client **7 STAR TRANSPORTATION, INC** who was unable to pay on time the Uniform Business Report due to: 1- The change of its address. 2-Its never received these forms. Finally the company was affected by the hurricane seasons this and last year and were obligated to close temporarily their operations. We got the report form via Internet and we are sending a check of \$ 300.00 to pay the report for 2004 and 2005.

We are requesting you waive the penalties due to unintentional mistake from my client. We hope your generosity and understanding of this matter especially during these difficult times will be sufficient enough to avoid any penalties.

We would greatly appreciate your help and we thank you for your kindness and understanding of this situation.

Cordially yours,



~~JULIO C. MOLINA~~
Accountant