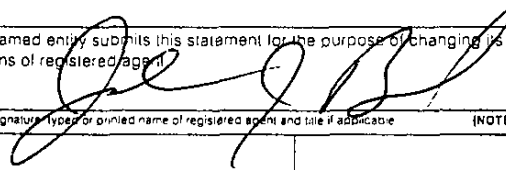


2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 NOV 14 PM 3:30

DOCUMENT # L06000709255					
1. Entity Name UNISTAR LLC					
Principal Place of Business 2721 REGENT ST. ORLANDO, FL 32804 US			Mailing Address 2721 REGENT ST. ORLANDO, FL 32804 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address PO Box 536665			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Orlando FL		4. FEI Number 10152007 REIN-LLC CR2E101 (1/07)	
Zip	Country	Zip 32853	Country	5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required ☐ Not Applicable	
6. Name and Address of Current Registered Agent REID, JOHN J 390 N. ORANGE AVE. SUITE 2180 ORLANDO, FL 32801			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  DATE 11/8/07 Signature (Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$200.00			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PULSIFER, SUSAN T 2721 REGENT ST. ORLANDO, FL 32804	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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			300111212223 10/23/07--01040--012 **155.00		
			REINSTATEMENT 2007		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 			DATE: October 19, 2007		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					