

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**L99000003185**

APPLICATION FOR REINSTATEMENT OF STATUS  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

**FILED**

02 DEC -9 AM 11:29

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

1. DOCUMENT # L99000003185

Name and Mailing Address

0007539 01 FP 0.352 \*\*PRSR T3 0 0615 33071-561019



BLACKSTAR CONSULTING, L.L.C.  
 10619 WEST ATLANTIC BLVD., SUITE 104  
 CORAL SPRINGS FL 33071-5610

000009413020  
 12/09/02--01025--006 \*\*155.00



2. New Mailing Address  City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 10619 WEST ATLANTIC BLVD., SUITE 104 CORAL SPRINGS FL 33701		5. Date Organized or Qualified To Do Business in Florida 06/03/1999	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 59-3585034 Applied For Not Applicable	
8. Name and Address of Current Registered Agent ZAGAROLO, NICOLA L ESQ. 3800 NE THIRD AVE POMPANO BEACH FL 33064		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
		9. Name and Address of New Registered Agent Name Street Address City FL Zip Code	
10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent <i>[Signature]</i> Date 10/31/02 REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	DREAMLINK ENTERPRISES TRUST %STERLING A	BEAMONT HOUSE BAY ST PO BOX N-8880	NASSAUBAHAMAS
MGRM	BATTON, NIKOLAI	10619 WEST ATLANTIC BLVD., STE 104	CORAL SPRINGS FL 33701

CR2E084 (8/02)

**REINSTATEMENT**

2082

12/10/02

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager *Nikolai Batton* Date 10-27-02 Daytime Phone # 954 796 4269

Typed or printed name of signing Managing Member/Manager NIKOLAI BATTON