


2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N99000002658	
1. Entity Name STARLIGHT CRUISERS INC. (OF SOUTH FL.)	

Principal Place of Business 1515 N. FEDERAL HWY. SUITE 300 BOCA RATON, FL 33432	Mailing Address 1515 N. FEDERAL HWY. SUITE 300 BOCA RATON, FL 33432
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2. Principal Place of Business - No P.O. Box # 23337 C SW 61ST AVE	3. Mailing Address 23337 C SW 61ST AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State BOCA RATON FL.	City & State BOCA RATON FL.
Zip 33428	Country PALM BEACH
Zip 33428	Country PALM BEACH

6. Name and Address of Current Registered Agent PEASLEY, RONALD M 1515 N FEDERAL HWY SUITE 300 BOCA RATON, FL 33432	
7. Name and Address of New Registered Agent Name: RONALD M. PEASLEY Street Address (P.O. Box Number is Not Acceptable) 23337 C SW 61ST AVE City: BOCA RATON FL Zip Code: 33428	

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: <u>Ronald M. Peasley</u>	DATE: <u>09-19-08</u>
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

FILE NOW!!! FEE IS \$297.50	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHMOLL, LYNN 11450 N.W. 39TH CT. CORAL SPRINGS, FL 33065 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RONALD M. PEASLEY 23337 C SW 61ST AVE BOCA RATON FL 33428 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHMOLL, CAROL 11450 NW 39TH CT CORAL SPRINGS, FL 33065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600136307306 09/24/08--01035--010 **306.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SHACKET, ROGER 4140 N.W. 101ST DRIVE CORAL SPRINGS, FL 33065 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	NONE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GRAHAM, DENNIS 9053 NW 23RD. PLACE POMPANO BEACH, FL 33065 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GRAHAM, DENNIS 9053 N.W. 23RD PLACE CORAL SPRINGS FL 33065 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: <u>Ronald M. Peasley</u>	DATE: <u>09-19-08</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	

FILED
08 SEP 22 PM 12:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09052008 REIN-NP CR2E099 (1/07)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

9/22/08