

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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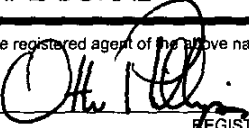
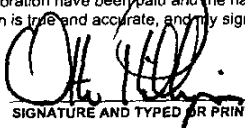
03/04/04-01016-023-001050.00

REINSTATEMENT 02-04

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P00000047105			
1. Corporation Name STAR*TECH HOLDINGS INC.			
2. Principal Office Address 4912 SW 11TH PLACE Suite, Apt. #, etc.		3. Mailing Office Address 4912 SW 11TH PLACE Suite, Apt. #, etc.	
City & State CAPE CORAL, FLORIDA Zip 33914 Country US		City & State CAPE CORAL, FLORIDA Zip 33914 Country US	

4. Date Incorporated or Qualified To Do Business in Florida 05/11/2000	
5. FEI Number 65-1006651	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name OTTO PHILLIPS		
Street Address (P.O. Box Number is Not Acceptable) 4912 SW 11TH PLACE		
Suite, Apt. #, Etc.		
City	State	Zip Code
CAPE CORAL	FL	33914

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 2/20/2004	
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	OTTO PHILLIPS	4912 SW 11TH PLACE	CAPE CORAL FL 33914
VD	WENDY PHILLIPS	4912 SW 11TH PLACE	CAPE CORAL FL 33914
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: 		OTTO PHILLIPS	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #
		02/20/2004	

CR2E081 (10/02)

TH