


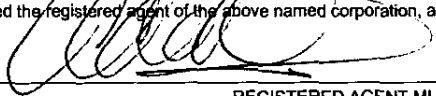
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P000000048934					
1. Corporation Name RISING STAR HOSPITALITY, INC.					
2. Principal Office Address 1747 VAN BUREN STREET			3. Mailing Office Address 1747 VAN BUREN STREET		
Suite, Apt. #, etc. SUITE 780			Suite, Apt. #, etc. SUITE 780		
City & State HOLLYWOOD, FLORIDA			City & State HOLLYWOOD, FLORIDA		
Zip 33020	Country USA	Zip 33020	Country USA		

FILED
03 MAY -7 PM 12:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

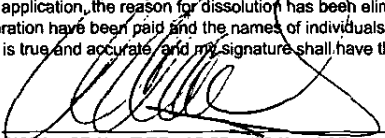
4. Date Incorporated or Qualified To Do Business in Florida 5/15/2000	
5. FEI Number 52-2240681	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name Adam Morgan		
Street Address (P.O. Box Number is Not Acceptable) 1747 Van Buren Street		
Suite, Apt. #, Etc. Suite 780		
City Hollywood	State FL	Zip Code 33020

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 4/24/2003
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
Pres	Adam Morgan	1747 Van Buren Street, Suite 780	Hollywood, Florida 33020
Vice P	Sheldon Morgan	12 Pine Street	Huntington, New York 11743
Sec	Amy Morgenstern	226 Mc Daniel Street, #150	Dayton, Ohio 45405

01-03 UBR.TS

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:		Adam Morgan	4/24/2003 (954)923-2828
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

CR2E081 (10/02)