

1082

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

04 MAY 13 PM 12:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

400037292544  
05/25/04--01052--007 \*\*300.00

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P00000050525

1. Corporation Name  
STARDUST LIMITED INC.

2. Principal Office Address <u>1365 S. MISSOURI AVENUE</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>1365 S. MISSOURI AVENUE</u> Suite, Apt. #, etc.	
City & State <u>Clearwater, FL</u>		City & State <u>CLEARWATER, FLORIDA</u>	
Zip <u>33756</u>	Country <u>UNITED STATES</u>	Zip <u>33756</u>	Country <u>UNITED STATES</u>

**REINSTATEMENT** 03-04

4. Date Incorporated or Qualified To Do Business in Florida  
JANUARY 2001

5. FEI Number  
59-3661781

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
WILLIAM GREENE ASSOCIATES, PA.

Street Address (P.O. Box Number is Not Acceptable)  
2300 WEST SANDIE ROAD

Suite, Apt. #, Etc.  
SUITE 104

City  
POMPANO BEACH

State  
FL

Zip Code  
33073

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 William Greene Date 5-10-04

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
<u>PRESIDENT</u>	<u>JOHN P. BARRITT</u>	<u>1365 S. MISSOURI AVE</u>	<u>CLEARWATER, FL 33756</u>

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: John P. Barritt Date 5-4-04 Daytime Phone # 727 443-1110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (01/04)

2 of 2

April 1, 2004

Department of State  
Division of Corporations  
Corporate Filings  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Stardust Limited, Inc. P00000050525

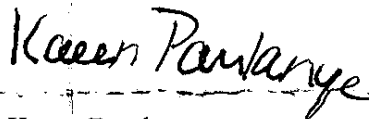
To Whom It May Concern:

Please be advised that we never received the annual report.

Please accept the enclosed check for \$150.00 and reinstate the above referenced corporation.

Thank you.

Sincerely



Karen Pamlanyr  
Stardust Limited  
1365 S Missouri Avenue  
Clearwater, FL 33756