| PLEAS | E READ A | ALL INSTRUCTIONS BEFORE | COMPLETING THIS FORM. |
|-------|----------|----------------------------|-----------------------|
| ION | | FLORIDA DEPARTMENT OF STAT | |
| | | Kathorina Harrie | I HI FO |

APPLICATION FOR REINSTATEMENT

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000112105

1. Corporation Name

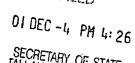
FIVE STAR TRUCK STOP, INC.

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|----------|------------|----------|--|

4950 SOUTH ORANGE BLOSSOM TRAIL

Mailing Address

4950 SOUTH ORANGE BLOSSOM TRAIL



owner 10/18/01 (407)857-3531

| ORLANDO FL 32839 ORLANDO I | | | ORLANDO FL | 'L 32839 | | | | | |
|--|-----------------------------------|-------------------------------|---|--------------------|-------------------------------|---|---|-------------------|--|
| | | | | | | 110 | | | |
| If above a | addresses are | incorrect in any way, line th | rough incorrect in | nformation and en | ter correction below. | 12/ | | | |
| If above addresses are incorrect in any way, line through incorrect informat 2. New Principal Office Address, If Applicable 3. New Mailing Office 3. New Mailing Office Address (If Applicable Incorrect information Incorrect information Incorrect Incorrec | | | | | Office Address, If Applicable | | A. Date Incorporated or Qualified To Do Business in Florida 12/01/2000 | | |
| Suite, Apt. #, etc. Suite, Apt. # | | | Suite, Apt. #, | , etc. | | 5. FEI Numbe | | | |
| City & State City | | City & State | State | | | 3685751 | Applied For | | |
| | | - Zio | 7in | | - 6 · | | Not Applicable Additional Fee required | | |
| Zip Country Zip | | | Country | | CERTIFICAT | CERTIFICATE OF STATUS DESIRED 30.73 Additional Fee required for a Certificate of Status | | | |
| 7. Names | and Street Add | fresses of Each Officer and | I/or Director (Flo | rida nonprofit con | porations must list at le | east 3 directors) | | | |
| Title(s) | Name of Officers and/or Directors | | Street Address of Each Officer and/or Director | | City / State / Zip | | | | |
| D | BAHTA, MU | AHTA, MULUGETA 4950 SOUTH OF | | ORANGE BLOSSO | M TRAIL | ORLANDO FL 32839 | | | |
| D . | KASSYE, T | (ASSYE, TESFAI 4950 SOUTH C | | ORANGE BLOSSO | M TRAIL | ORLANDO FL 32839 | | | |
| ٤ | | | | | ante. | 80 | 000474305 -12/28/010107 | 584. 4021 | |
| - | | | | | | യന | *******8.75 * 000474305 | *****8.75 | |
| | | | | | | | -12/28/010107 | 4022 ***150.00 | |
| | | | | | | | | .4* | |
| | 8. Name | e and Address of Current | Hegistered Age | nt | Name | 9. Name and | Address of New Registered Age | | |
| BAHTA, MULUGETA | | | | | P.O. Box Number | is Not Acceptable) | CH2E040 (8/01) | | |
| 4950 SOUTH ORANGE BLOSSOM TRAIL ORLANDO FL 32839 | | | | Suite, Apt. #, Etc | Suite, Apt. #, Etc. | | | | |
| | | | | City | City State Zip Code | | | | |
| 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. | | | | | | | | | |
| Signature of Registered Agent Date 10-18/0/ | | | | | | | | | |

11.1 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 filling 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.

October 17, 2001

Florida Department of State P.O. Box 6327 Tallahassee, Fl 32314 Attn: Reinstatement Department

Dear Sira:

11/00/20 1 10:44

Re: Document #P00000112105 Corp: Five Star Truck Stop, Inc.

As a new business owner, I neglected to file my Uniform Business Report for the year 2001, because I never received the required forms in the mail. Because of this, my corporation was dissolved. I am respectfully requesting a waiver of the penalties associated with the reinstatement of my corporation.

in the future, I will ensure that there is no recurrence of this nature and timely file my UBR. I anticipate your favorable review of my situation and enclose my check for One Hundred and Fifty Dollars (\$150.00), representing the filing fees for the 2001 Uniform Business Report.

Respectfully, Five Star Truck Stop, Inc. the muluses - Banks

Mulugota Bahta

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