PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMEN



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

P01000047499 DOCUMENT

1. Corporation Name

STAR COVERS PLUS, INC.

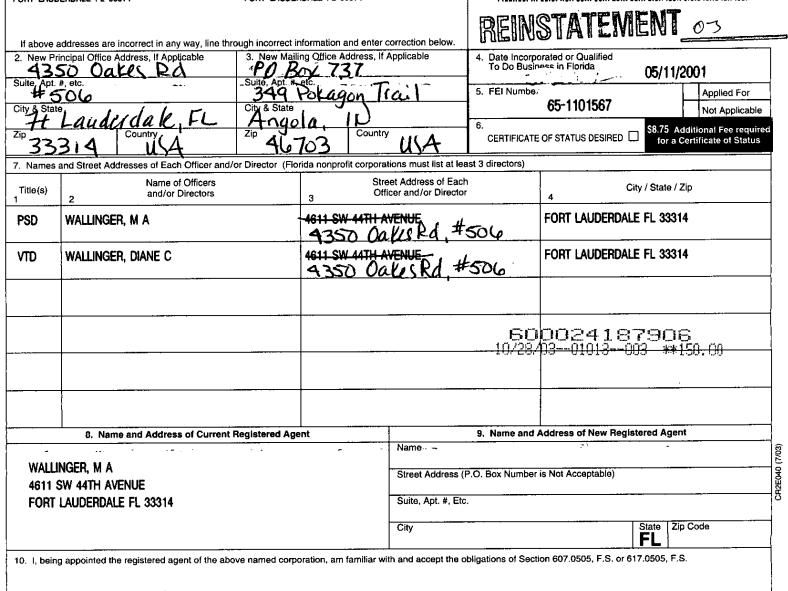
Principal Place of Business

ignature of Fregistered Agent Mailing Address

4611 SW 44TH AVENUE FORT LAUDERDALE FL 33314 4611 SW 44TH AVENUE FORT LAUDERDALE FL 33314 FILED)

03 OCT 28 PH 1: 24

SECRETARY OF STATE ALLAHASSEE, FLORIDA



11. ! 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

SIGNATURE: BIGNING OFFICER OR DIRECTOR SIGNATURE

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.



October 22, 2003

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Reinstatement of Star Covers Plus, Inc. 65-1101567

To Whom It May Concern:

Enclosed is the Application For Reinstatement and a check for \$150 as instructed for reinstatement when we did not receive the two prior UBR notices.

Please reinstate the corporation and send me authorization of same as soon as possible.

Sincerely,

M.A. Wallinger

President

MAN SAME SALE President

Base of March Leading of the Artist of

Cingre selly.

STAR COVERS PLUS, INC.
4350 Oakes Rd, Ste #506 FT LAUDERDALE, FL 33314
PH. 954.581.1118 FAX 954.584.1126
Toll Free 1.866.SPA.COVR