

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 14 AM 11:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000060122

1. Corporation Name

THE FLIGHTSTAR GROUP INC

Principal Place of Business

Mailing Address

~~3700 MAIN HWY~~
~~COCONUT GROVE FL 33133~~

~~3700 MAIN HWY~~
~~COCONUT GROVE FL 33133~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

6405 NW 36 ST
Suite, Apt. #, etc.
#109

City & State
MIAMI, FL

Zip
33166

Country
USA

3. New Mailing Office Address, If Applicable

P.O. Box 33-0832
Suite, Apt. #, etc.

City & State
Coconut Grove, FL

Zip
33233

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

06/16/2001

5. FEI Number

65-1133391

Applied For

Not Applicable

6. ~~3.75 Additional Fee required~~
~~for a Certificate of Status~~

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P/D	POINDEXTER, JOHN H	3700 MAIN HIGHWAY 6405 NW 36 ST, #109	COCONUT GROVE FL 33133 MIAMI, FL 33166
C/D	Folgar, Daniel	6405 NW 36 ST #109	MIAMI, FL 33166

8. Name and Address of Current Registered Agent

~~POINDEXTER, JOHN H~~
~~3700 MAIN HIGHWAY~~
~~COCONUT GROVE FL 33133~~

9. Name and Address of New Registered Agent

Name
JOHN H. Poindexter
Street Address (P.O. Box Number is Not Acceptable)
6405 NW 36 ST
Suite, Apt. #, Etc.
#109
City
MIAMI
State
FL
Zip Code
33166

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. or 617.0505, F.S.

Signature of
Registered Agent

~~SIGNATURE REQUIRED~~

REGISTERED AGENT MUST SIGN

Date

11/7/02

11. 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

~~SIGNATURE REQUIRED~~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/7/02 (305)
505-8866

CR2E040 (8/02)