

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

02 DEC 18 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # P01000117831

1. Corporation Name

GLOBAL STAR COMMUNICATIONS,
INC.

2. Principal Office Address

8860 SW 123 CT.

Suite, Apt. #, etc.

K-201

City & State

MIAMI FL

Zip

33186

Country

U.S.

3. Mailing Office Address

8860 SW 123 CT.

Suite, Apt. #, etc.

K-201

City & State

MIAMI, FL

Zip

33186

Country

U.S.

REINSTATEMENT 02
REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

12/12/01

5. FEI Number

65-1159707

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JUAN GOMEZ

Street Address (P.O. Box Number is Not Acceptable)

8860 SW 123 CT.

Suite, Apt. #, Etc.

K-201

City

MIAMI

State
FL

Zip Code

33186

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 12/17/02

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

Titles	Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	JUAN M. GOMEZ	8860 SW 123 CT # K-201	MIAMI, FL 33186

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 067 or 017, 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 067.0401 or 017.0401, 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 119.071(3)(b), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/17/02

Date

305-302-2905

Daytime Phone #

CR2E081 (9/01)