PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 DEC 30 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000016296

1. Corporation Name
Starlines International Corporation

REINSTATEMENT 83.54

2. Principal Office Address	**3.** Mailing Office Address	
325 S.E. 4th Ave.	325 S.E. 4th Ave	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	

4. Date Incorporated or Qualified To Do Business in Florida 02/13/2002

City & State	City & State
Dania Beach, FL	Dania Beach, FL

5. FEI Number 01-0598421 | Applied For / Not Applicable |

Zip	Country	Zip	Country
33004	U.S.A.	33004	U.S.A.

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

7. Name and Address of Current Registered Agent

Name Richard M. Mogerman, P.A.

Street Address (P.O. Box Number is Not Acceptable) 150 S. Pine Island Road

Suite, Apt. #, Etc. Suite 130

City Plantation   State FL   Zip Code 33324

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 _[signature]_ , as President of Richard M. Mogerman, P.A. Date 12/27/2004

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
PTD	Koppel, Frank	325 S.E. 4th Ave.	Dania Beach, FL 33004
VSD	Ford, Thomas III	325 S.E. 4th Ave.	Dania Beach, FL 33004
			4000437250004
			12/30/04---01013---011 **908.75

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: _[signature]_ Thomas Ford, III, 12/27/2004 (954)274-8700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E081 (01/04)