PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

PLEASE REAL	D ALL INSTRUCTIONS BEF	ORE COMPLETING THIS FORM.
CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF Secretary of State DIVISION OF CORPORATIONS	SECRETARY OF STATE DIVISION OF CORPORATIONS
DOCUMENT #P0200		04 JUL 16 AM 8: 00
Star Exp	post & Imports.	IAC.
-		DEINISTATEMENT() 2 -0
2. Principal Office Address 5100 Burchette	3. Mailing Office Address Same	REINSTATEMENT 03-00
Suite, Apt. #, etc. # 404	Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida
City & State Tampa Fl	City & State	5. FEI Number Applied For Not Applicable
33647 Country USA	Zip Country	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee requirec for a Certificate of Status
<u> </u>	7. Name and Address of Curre	ent Registered Agent
Name Encis	ue Skinnel	
Street Address (P.O. Box Number	is Not Acceptable)	<u>/ 400039251594</u>
5100	Burchette Rd, #40	9 07/16/04-01042004 **15 .00
Suite, Apt. #, Etc.	,	400039251594
City (AM. DA.	/ .	
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 Child	1 Pale	accept the obligations of section 607.0505 or 617.0503, F.S. Date 7/10/04
Registered Agent	REGISTERED AGENT MUST SIGN	Date // 10/0 / 5
9. Names and Street Addresses of Each Officer	and/or Director (Florida nonprofit corporations re	nust list at least 3 directors)
Titles Name of Officers and/or Direct		rress of Each d/or Director City / State / Zip
DSTA Skinner, Enri	ique 5100 Burch	eHe Rd#404 TAMPA, FC 33647
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10. I certify that I am an officer or director or the r	receiver or trustee empowered to execute this ap	plication as provided for in chapter 607 or 617, F.S. I further certify that when filling
owed by the corporation have been paid and	the names of individuals listed on this form do no	ame satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees of qualify for an exemption under section 119.07(3)(i), F.S. The information indicated
on this application is true and eccurate, and n	my signature shall have the same legal effect as it	
CICNATURE OF ALLE	1/200	7/10/04
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR Date Daytime Phone #		

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June 22, 2004

To Whom It May Concern:

I had reactivated the company of Skar Export & Import, Inc last year. I called your office on June 25, 2004 because my accountant could not find the company in the government's records. At that time, I was told that the corporation had been deactivated in September of last year due to the fact that the Annual Report for 2003 had not been received (nor the payment). The reason that we didn't send out the form and payment was that we never received these forms or notices. We weren't sure if the reason was that the corporation had just been reactivated during that same year.

Well, we were told to write this letter, send a check for both years, and submit a corporation reinstatement form in order to reinstate the corporation. If you have any questions or need anything else, please contact me at (813)-978-1013.

Thank You,

Forique Skinner