PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 MAR 30 PM 12: 14
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

DOCUMENT # P02000041439

1. Corporation Name

EQUISTARS, INC.

2. Principal Office Address	**3.** Mailing Office Address
12028 Longwood Green Drive	12028 Longwood Green Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Wellington, Florida	Wellington, Florida

Zip	Country	Zip	Country
33414	USA	33414	USA

4. Date Incorporated or Qualified To Do Business in Florida — 4/17/2002

5. FEI Number 03-0458218   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
Stephen S. Mathison

Street Address (P.O. Box Number is Not Acceptable)
5606 PGA Boulevard

Suite, Apt. #, Etc.
Suite 211

City
Palm Beach Gardens

State FL   Zip Code 33418

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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 3/28/05

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
P	Robert Dover	12028 Longwood Green Drive	Wellington, Florida 33414
		REINSTATEMENT	03-05

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: Robert Dover
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(561) 758-6186
Daytime Phone #

CR2E081 (01/05)