PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION 🕊 FÔR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DOCUMENT # P02000079212

1. Corporation Name

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STAR AMERICA GROUP INC.

Principal Place of Business

Mailing Address

4260 54TH AVENUE NORTH ST PETERSBURG FL 33714

4260 54TH AVENUE NORTH ST PETERSBURG FL 33714

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FILED

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SECHETARY OF STATE TALLAHASSEF FLORIDA

If above addresses are incorrect in any way, line through incorrect information and enter correction below.									
			. New Mailing Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida O7/00/0000			
Staffe, Apt. #, etc. Suite, A			Suite, Apt.	#, etc.		07/22/2002			
City & State City & Sta			City & State	tate		76 0'703630 Not Applicable			
Žip		Country	Zip		Country	- 6. ∹CERTIFICATI		Additional Fee required a Certificate of Status	
7. Names	and Street A	ddresses of Each Officer an	d/or Director (FI	lorida nonprol	it corporations must list at le	ast 3 directors)	1774		
Title(s) Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip				
D SAMNANI, SULTAN ALI			200 STARCREST DRIVE APT 102			CLEARWATER FL 33765			
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			******					<i>o</i>	
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	8 Nar	ne and Address of Curren	t Bagistarad As	- nont		O Nome and	Address of New Contained &		
8. Name and Address of Current Registered Agent				Name	5. Name and A	Address of New Registered Ag			
KHOJ	A, ABDUL	•	·					CR2EQ40 (7703)	
4260 54TH AVENUE NORTH				Street Address (P.O. Box Number is Not Acceptable)					
ST-PETERSBURG-FL-33714			Suite, Apt. #, Etc	Suite, Apt. #, Etc.					
	•				City	•	State	Zip Code	
10. I, bein	g appointed th	ne registered agent of the at	pove named corp	poration, am fa	amiliar with and accept the o	bligations of Secti	ion 607.0505, F.S. or 617.0505,	F.S.	
Signature	of (MILLE	mon /	elen			1009	13	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REGISTERED AGENT MUST SIGN

10-69-03,727,52-59
Date Daytime Phone # 97

TROM, A STREAMENCE ORAP INC.

HIZEO SHE AND NORTH

BT. PETERNBURG TL. 33714

TO DIVISION OF ORPORATIONS

TO DOX 6327

TOllahousee, TL. 32314

to Der my Conversation with your representative yesterday Der. 8t. 2003, l'an writing this letter. This is to inform you that I did not receive the renewal notice via mail. Though, we got busy & by oversight did not remember to renew until we preceived the late fine It would be greatly appreciated if / Manking you in anticipation.

(SAMMANI, SULTAN ALI) (FOR STAR AMERICA GROUP INC)