#### E READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION	
FOR-³É	2,
REINSTATEMEN	Т
DOCUMENT #  1. Corporation Name	F
AR STAR COMMI	iNi

## FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State **DIVISION OF CORPORATIONS** 

### 02000133094

#### CATIONS INC.

Principal Place of Business

Mailing Address

3849 CORAL TREE CIR. COCONHIT CREEK EL 33073 3849 CORAL TREE CIR. COCONUT CREEK FL 33073

400030399104

REMSTATEMENT 03-04

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If above a	addresses are	incorrect in any way, line the	rough incorrect in	nformation and	enter correction belo	w.	<b>400</b> 03/15/0	00303 401012-	99.1 -025	104 **150.00	
2. New Principal Office Address, If Applicable		New Mailing Office Address, If Applicable			Date Incorporated or Qualified     To Do Business in Florida     12/19/2002						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5FEI Number				lied For		
City & State			City & State			11366	_			Applicable	
Zip Country		Zip Country		Country		6.	OF STATUS DESI	RED 🗆	\$8.75 Additional for a Certificate		
7. Names	and Street Ad	dresses of Each Officer and	or Director (Flo	orida nonprofit	corporations must list	at lea	ast 3 directors)			(7)	
Title(s) Name of Officers and/or Directors			•	Street Address of Each Officer and/or Directo				4	City	/ State / Zip	
P. IDRISI, AHMED S		3849 CORAL TREE CIR.					COCONUT CREEK FL 33073				
							96H 04/02/0	<del>30317</del> 14—01054	004	**150.00	
							ارد	nas si		JOA.	
					V		03/15/	4 21012	1025	**158.75	•
			·		,					***************************************	
8. Name and Address of Current Registered Agent						Name and Address of New Registered Agent					
IDDICE AUTOD				Name	<u>-</u>	<u></u>		+		-	
IDRISI, AHMED S 3849 CORAL TREE CIR COCONUT CREEK FL 33073			Street Address (P Suite, Apt. #, Etc.			P.O. Box Number is Not Acceptable)					
10. I, being	g appointed th	e registered agent of the abo	ove named corp	oration, am far	niliar with and accept	the ol	bligations of Secti	on 607.0505, F.S	S. or 617.	.0505, F.S.	
•		68 . 68 %									. ^
Signature of Begistered		- 3.QX	1					Date			سمري

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 filling 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

un 15TH. 2004 Daytime Phone #

# FAR STAR COMMUNICATIONS INC.

3849 Coral Three Circle, Coconut Creek, FL 33073

March 6, 2004

Secretary of State, Division of Corporations, P.O.Box 6327 Tallahassee, Fl 32314

Subject: Reinstatemen for Far Star Communications Inc.

Dear Madam:

Please note that I had to travel to Bangladesh and stay there for the most part of the year last year due to an emergency in the family. My scholarly father had a stroke and was left in a coma. We had to fly him on an air-ambulance from Dhaka, Bangladesh to an American hospital in Bangkok, Thailand. My father still remains in the American hospital in Bangkok and I am visiting my father every two months.

Due to my long absence from Florida, I could not take care of the business mattes here and was, therefore, unable to receive your notice UBR and could not renew the corporation prior to the deadline.

I am forwarding a check of \$150 along with the renewal/reinstatement form and would appreciate if you could kindly renew /reinstate Far Star Communications Inc. Also, I realize that I have to send the UBR for the fiscal year 2004 which I would be doing shortly after the reinstatement.

Thank you very much for your favorable consideration.

Yours truly,

Ahmed Idrisi President