1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 APR 13 AM 8:12

DOCUMENT # P04000044303

REINSTATEMENT

05-07

W07-18195

CR2E081 (12/05)

1. Corporation Name
FIVE STAR FUELS SERVICE, INC.

2. Principal Office Address	3. Mailing Office Address
1550 Madruga Ave.	SAME
Suite, Apt. #, etc.: Ste 305	Suite, Apt. #, etc.: "
City & State: Coral Gables, FLA.	City & State: "
Zip: FLA, 33146 / Country: USA.	Zip: " / Country: "

4. Date Incorporated or Qualified To Do Business In Florida: 03/09/2004

5. FEI Number: [X] Applied For [ ] Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] $87.50 Additional for Certified Copy

7. Name and Address of Current Registered Agent

Name: MARTIN ORESTES ROSAS

700098020787
04/23/07--01047--011 **458.75

Street Address (P.O. Box Number is Not Acceptable): 1550 Madruga Ave.

Suite, Apt. #, Etc.: Ste 305

City: Coral Gables | State: FL | Zip Code: 33146

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] Date: 04/12/07
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
Pres/D.	MARTIN ORESTES ROSAS	1550 Madruga Ave #305	Coral Gables, FLA 33146

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 contained in Chapter 119, 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] 04/12/07 305-263-7010.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

April 12, 2007

Division of Corporations
Annual Report Section

Re: Document #P04000044303 / Fine Stem Jewels, Inc.

To whom it may concern:

After several years, our fund consolidation was very comfortable situation. I have had the company, I thought, opened for many years. After changing accountants & viewing our bank records, we have realized that we were not properly assessed by our previous accountant, and it appears that our corporate annual reports were not filed.

We kindly request consideration in the waiving of the penalties we are including a check in the amount of $450.00 ($150 x 3). We give you full assurance that this oversight will never happen again. We never receive the original/second notice Annual Report.

Sincerely,

Maria Regal
President