

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
 Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

APPROVED AND FILED

98 AUG -7 AM 11:07

Make Check Payable To: Department of State

Name and Mailing Address of Corporation: DOCUMENT # P93000004106

STAR FARM OF MIAMI INC.
 1571 N.W. 17th AVE.
 MIAMI FLORIDA 33125

2. If Address in Block 1 is incorrect in any way, enter the correct address below:

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Address

REINSTATEMENT

90-08

3. If Principle Office Address is different from mailing address, enter address below:

Address

City and State

Zip Code

W93000007035

4. Date Incorporated or Qualified to Do Business in Florida
 01-20-93

5. FEI Number

65-0381919

FEI Number Applied For

FEI Number Not Applicable

6. \$8.75 Additional Fee required for Certificate of Status

CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director - Florida nonprofit corporations must list at least 3 directors

1	2	3	4
Traffic	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City, State Zip
P.R.A	Heriberto Rivero	1739 N.W. 16 St.	Miami Florida 33125
V.P.	Candida Rivero	1739 N.W. 16 St.	Miami Florida 33125
			700002612497--7 -08/11/98--01026--005 ***1080.00 ***1080.00

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

Heriberto Rivero
 1571 N.W. 17th Ave.
 Miami Florida 33125

9. If changed, new registered agent / office

Name

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

City

State

FL

Zip

10. I am appointing the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Heriberto Rivero

REGISTERED AGENT MUST SIGN

Date

07-31-98

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

13. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director

Heriberto Rivero

Date 07-31-98

Daytime Phone # 305-5454994