

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 APR -4 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000039395

1. Corporation Name

STARBORN INDUSTRIES, INC.

2. Principal Office Address

14625 LAKE FOREST DRIVE

Suite, Apt. #, etc.

City & State

LOTZ, FLORIDA

Zip

Country

33549

3. Mailing Office Address

14748 SW 56th STREET

Suite, Apt. #, etc.

120

City & State

MIAMI, FLORIDA

Zip

Country

33185

DADE

REINSTATEMENT 95-02

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3246317

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

MILITELLO, RONALD

700005308587 -- 7

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

14625 LAKE FOREST DRIVE

~~04/19/02~~ ~~01064~~ 013

***1808.75 ***1808.75

Suite, Apt. #, Etc.

City

LOTZ

State

FL

Zip Code

33549

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

REGISTERED AGENT MUST SIGN

Date 03.30.2002

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
CEO CEO	<u>RONALD S. MILITELLO</u>	<u>14748 SW 56th ST. # 120</u>	<u>MIAMI, FL 33185</u>
PRESIDENT	<u>ANTHONY C. SEVERO</u>	<u>542 4th AVENUE #1</u>	<u>BROOKLYN, 144 11215</u>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03.30.2002

Date

Daytime Phone #

718-246-7793

CR2E081 (9/01)