

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 10 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 094000068212

1. Corporation Name

Astern International, Inc

800024575238
11/10/03--01117--003 **300.00

2. Principal Office Address

230 S. POWERLINE RD

Suite, Apt. #, etc.

#3

3. Mailing Office Address

230 S. POWERLINE RD

Suite, Apt. #, etc.

#3

City & State

DEERFIELD BEACH, FL

City & State

DEERFIELD BEACH, FL

Zip

33442

Country

USA

Zip

33442

Country

USA

REINSTATEMENT 02-03

4. Date Incorporated or Qualified
To Do Business in Florida

September 14th 1994

5. FEI Number

65-0528244

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

LEE ASTERN

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

5861 NW 124th WAY

Suite, Apt. #, Etc.

City

CORAL SPRINGS

State

FL

Zip Code

33076

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 11-3-03

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
<u>PRESIDENT</u>	<u>LEE ASTERN</u>	<u>5861 NW 124th WAY</u>	<u>CORAL SPRINGS, FL 33076</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:

LEE ASTERN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-3-03

Date

954-678-0046

Daytime Phone #

CR2E081 (10/02)

230 S POWERLINE ROAD
SUITE # 3
DEERFIELD BEACH, FLORIDA 33442

.....

ASTERN INTERNATIONAL, INC.

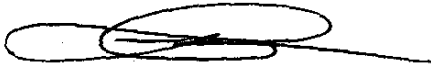
November 3, 2003

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

To whom it may concern:

I have sent several requests for a change of address to your department and they were sent to my old address and returned to your office twice I was told. I have my correct address with the Department of Revenue. I do apologies for this letter. I'm sending you \$300.00 for 2002 and 2003 as per my telephone conversation with your office to reinstate my Corporation.

Sincerely,



Lee Astern
President

