PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State Division of corporations	FILED 05 NOV 15 PM 3: 01
DOCUMENT # P94000075156 1. Corporation Name SILVER STAR DUNGWARDONAL, DVC		SEURLTARY OF STATE FALLAHASSEE, FLORIDA
Silver STAR IN	iduational Anc	· ····································
2. Principal Office Address 143 344 Au E Suite. Ant. #. etc.	3. Mailing Office Address 163 3 PACE Suite, Apt. #, etc.	EINSTATEMENT 01-63
City & State	City & State	4. Date Incorporated or Qualified To Do Business in Florida 0 - 10 - 94
NEW YURK, MY	MEW YURK NY	5. FEI Number Applied For Not Applicable
10003 USA	10003 USA	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		
M THOMSON Street Address (P.O. Box Number is Not Acceptable) 3837 NURTHANE BIJA Suite, Apt. #, Etc.		
TAMOA		State Zip Code FL 33624
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 Wike Thought William William William Date 10/1/05 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
PSD GREGG KUSSEll	163 3EU Ave 10	6 NY NY 10003
Jan		·
1010112		100061435891
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 eath.		
SIGNATURE: 10-5-05 216-537-3201 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #		