PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business

P94000079364

1. Corporation Name

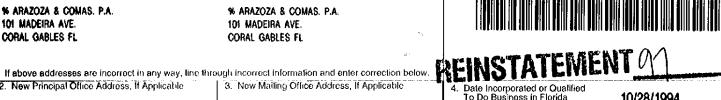
STARLIGHT COMMUNICATIONS CORP.

Mailing Address



97 DEC 12 MM 9: 1.5

SECRETARY OF STATE TALLAHASSEE, FLORIDA



| 2. NON I Intolphi Office Madicas, in approxime | | | o. Now Maning of the Proceeds, it reprised to | | | To Do Business in Florida 10/28/1994 | | | |
|--|---------------------|--|---|-------------|---|--|---|---------------------------------------|--|
| Sulte, Apt. | #, etc. | | Suite, Apt. #, etc. City & State | | | 5 FEI Number | | Applied For | |
| City & State | 9 | | | | | | 65-0535202 | Not Applicable | |
| Zip Country | | | Žip Countr | | Country | — 6. CERTIFICATI | ATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status | | |
| 7. Names | and Street Ad | dresses of Each Officer and | or Director (Flor | ida nonprof | it corporations must list at I | east 3 directors) | | | |
| Title(s) Name of Officers and/or Directors 2 | | | Stre Offi 3 (Do NOT Us | | Street Address of Ea Officer and/or Direct ONOT Use Post Office Box | ch or : Numbers) | City / State / Zip | | |
| PSD | HAYDEN, BERNARDO 10 | | | 101 MAD | 101 MADEIRA AVENUE | | CORAL GABLES FL 33134 | | |
| | | | | | | 0 | 0000237: -12/19/97- ****750.00 | -01087002 | |
| .,, | | | | | | | J | B12-15-97 | |
| | | | | | · | | | | |
| 8. Name and Address of Current Registered Agent Na | | | | | | 9. Name and Address of New Registered Agent Name | | | |
| ARAZOZA, COMAS, DE TORRES & FERNANDEZ-FRAG 101 MADEIRA AVE. | | | | | Street Address | Street Address (P.O. Box Number is Not Acceptable) | | | |
| CORA | l gables f | ·L | | | Suite, Apt. #, E | Suite, Apt. #, Etc. | | | |
| | | | | | City | | Sta | | |
| Signature of Registered | 'Asalll | registered agon of the and the second | lles | | amiliar with and accept the | | Date 12/9/9 | 77- | |
| | | ration owes or h | as paid the | e curre | nt year 📁 |] No [| (See other s | ilde for information angible tax.) | |

12. I certify that I am an officer or director or the receiver or trustoe empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that whon 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 foos owed by the corporation have been paid and the names of individuals fisted 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

te Dayti

Daytime Phone #