PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 NOV 16 PM 4:38

DOCUMENT # P94000079364

1. Corporation Name STARLIGHT COMMUNICATIONS CORP.

Principal Place of Business	Mailing Address
%ARAZOZA & COMAS.P.A. 2100 Salzedo Street Suite 300 Coral Gables FL 33134	%ARAZOZA&COMAS.P.A. 2100 Salzedo Steet Suite 300 Coral Gables FL 33134

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 99

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business In Florida: 10/28/1994

5. FEI Number: 65-0535202 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED ☐ ($8.75 Additional Fee Applies for a Certified Copy)

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
P.S.D	HAYDEN,GRANIER BERNARDO	4380 NW 128th St Opa Locka	MIAMI, FLORIDA, 33054
V.P	AOUN, PHILIPPE	4380 NW 128th St Opa Locka	MIAMI,FLORIDA, 33054
			800003063638--7 -12/07/99--01099--002 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

ARAZOZA, COMAS, DE TORRES & FERNANDEZ-FRAG.
2100 Salzedo Street. Suite 300
CORAL GABLES 33134

9. Name and Address of New Registered Agent

Name: ARAZOZA,COMAS, DE TORRES &FERNANDEZ FRAGA
Street Address (P.O. Box Number is Not Acceptable): 2100 Salzedo Street
Suite, Apt. #, Etc.: 300
City: CORAL GABLES State: FL Zip Code: 33134

CR2E040 (1/99)

10. I, being appointed 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: [signature] REGISTERED AGENT MUST SIGN Date: 11/10/99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes [X] No ☐ (See other side for information on intangible tax.)

12. 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 name 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.

AD

SIGNATURE: [signature] GRANIER,BERNARDO 10/18/1999 582 2396786
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

STF FL32474F.1