PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FOR THE

RĘIN	PLICATION FOR STATEMENT		A DEFARTMENT OF STATE Sandra B. Mortham Secretary of State IVISION OF CORPORATIONS	96 A	FILED IOV 25 AM 8: [4		
1. Corporat	UMENT # P950 BION NAME SASTAR IN		5950	TALL	RETARY OF STATE AHASSEE, FLORIDA		
Principal Place of Business 2812 NW 359 St. Mailing Address SAM E If above addresses are incorrect in any way, line through incorrect information and enter correction below.				REINSTATEMENT DO NOT WRITE IN THIS SPACE 4. Date Incorporated or Qualified			
•			ing Address, If Applicable	Date Incorporate To Do Business		/95,	
Suite, Apt. #, etc. Suite, Apt. City & State City & State			, etc.	5. FEI Number	5. FEI Number 2. Applied For Applied For Not Applicable.		
Zip Country		Zip			6. CERTIFICATE OF STATUS DESIRED		
7 Names a	and Street Addresses of Each Officer	and/or Director (Flo	orida nonprofit corporations must list at lea				
Title(s) Name of Officers and/or Directors		Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box I	1	City / State / Zi	Train a faire and a fair		
P/D	GREGORY L	ULKO	2812 NW 354		MIAMI. FL	33/42	
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					NA TORREST		
8. Name and Address of Current Registered Agent					ress of New Registered Agent	30-96	
	o. Name and Address of Corr	ant Hadistates wa	Name	YA P			
			City		State Zip	Code	
10. I, being	appointed the registered agent of the	Labove named corp	oralion, am familiar with and accept the c	obligations of Section 6	07.0505, F.B.		
Signature o Registered	Agent / Le le	REGISTERED AC	SENT MUST SIGN		Date ///22/96		
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No							
12. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florids Natures, I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access, 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 filling 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under eath.							
SIGNAT	TURE: SIGNATURE AND TYPED O	R PRINTED NAME OF	SIGNING OFFICEH OR DIRECTOR		//ez/PG Date Dayting	Phone II	
L			and the second s	a portine i descripción de la compaña de La compaña de la compaña d	og til Til 1900 Mar 1924 og blev 1965 TITT 1972. Galden skog og 1968 blev 1962 i Fransisk folker	र प्रयासक्त । अस्तर्भकार विश्व हैं। विश्ववन विश्वविद्यालय के स्वर्थित करते हैं।	