


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT 		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000091389 1. Corporation Name Bright Star Carriers Inc.			
2. Principal Office Address 150 W. State Rd. 546 Suite, Apt. #, etc.		3. Mailing Office Address P.O. Box 1477 Suite, Apt. #, etc.	
City & State Haines City Zip 33851 Country Polk		City & State Haines City Zip 33845 Country Polk	

APPROVED
AND
FILED

01 SEP 17 AM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4. Date Incorporated or Qualified To Do Business in Florida 10-15-96	
5. FEI Number 59-3410014	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent Name <u>Patty Pearce</u> 400004604684--9 Street Address (P.O. Box Number is Not Acceptable) <u>150 W. State Rd. 546</u> -09/21/01--01092-010 Suite, Apt. #, Etc. <u>****765.00 ****65.00</u> City <u>Haines City</u> State <u>FL</u> Zip Code <u>33851</u>	
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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 Patty Pearce Date 9-12-01

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
Pres.	Warren Pearce	2512 Crest Dr.	Haines City, FL 33845
V. Pres	Kevin Pearce	6016 Grand Springs Rd.	Brentwood, TN 37027
Secy	Patty Pearce	2512 Crest Dr.	Haines City, FL 33845

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: Patty Pearce Date 9-12-01 Daytime Phone # 863-439-7671

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/00)

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BRIGHT STAR CARRIERS INC.
P.O. BOX 1477
HAINES CITY, FL 33845
863-439-7691

SEPTEMBER 12, 2001

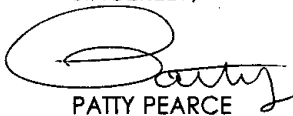
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

DEAR SIR OR MADA,

WE CALLED YOUR OFFICE SEPTEMBER 11, 2001 AND SPOKE WITH A CUSTOMER SERVICE REPRESENTATIVE TO GET THE STATUS OF OUR ACCOUNT. WE WERE INFORMED THE COMPANY WAS DISSOLVED DUE TO NON FILING SINCE 1997. SHE LOOKED UP THE HISTORY AND FOUND THE FORMS WERE SENT TO AN INCORRECT ADDRESS AND RETURNED. SHE STATED THE \$600 FEE WOULD BE WAIVED AND WE SHOULD ONLY PAY \$765 FOR THE YEARS 1997 THRU 2001.

IT WOULD BE GREATLY APPRECIATED IF THE PENALTY WOULD BE WAIVED.

SINCERELY,


PATTY PEARCE