

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS



FILED

99 NOV 30 AM 9:47

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P97000080119

1. Corporation Name

STARTEC INVESTIGATIONS, INC.

Principal Place of Business

19 WEST FLAGLER ST
 SUITE 408 808
 MIAMI FL 33130

Mailing Address

19 WEST FLAGLER ST
 SUITE 408 808
 MIAMI FL 33130

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

09/16/1997

5. FEI Number

65-0788460

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	HAMMACK, JAMES	19 22 W FLAGLER ST SUITE 408 808	MIAMI FL 33130
VP	DOMENECH, RADAMES	19 22 W FLAGLER ST SUITE 408 808	MIAMI FL 33130

200003070632-7
 -12/15/99--01024--012
 ***150.00 ***150.00

8. Name and Address of Current Registered Agent

GUARCH, J M JR
 710 SOUTH DIXIE HIGHWAY
 MIAMI FL 33146

9. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
 FL

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 11/23/99

11. 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:

[Signature] REGISTERED AGENT MUST SIGN
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/22/99 305-371-9000
 Date Daytime Phone #

KE

STARTEC INVESTIGATIONS, INC.

19 West Flagler Street, Suite 808 Miami, FL 33130
305.371.9000 800.429.2002 305.371.3456 (FAX)

2

November 22, 1999

FLORIDA DEPT. OF STATE
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314-6327

850.487.6059 (Phone)

To Whom It May Concern:

After my telephone conference with your office this date I was advised to write this letter and advise you that we have moved and we missed our notice to pay to keep our status active.

Enclosed is a copy of my license wherein I advised of our change of address for the corporation, and the new address is indicated on the license.

I was advised to send a check for \$150.00 and my reinstatement form, with the proper corrections.

Please advise if I can answer any further questions.

Regards,



JAMES W. HAMMACK
President

JH/lr
Enclosures