

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 OCT 17 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000000276

1. Corporation Name

Sky Star Trading Corp.

2. Principal Office Address - No P.O. Box #

1911 Capital Circle NE

3. Mailing Office Address

1911 Capital Circle NE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee

City & State

Tallahassee

Zip

32308

Country

U.S.

Zip

32308

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

01/02/1998

5. FEI Number

6508041432

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Neil Mooney

Street Address (P.O. Box Number is Not Acceptable)

1911 Capital Circle NEq

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32308

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

[Signature]
REGISTERED AGENT MUST SIGN

Date **October 17, 2007**

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
P	Mohammad Abdul Hussein Badran	7777 NW 146th St	Miami, FL 33016

REINSTATEMENT

10-02

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 contained in Chapter 119, 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

October 17, 2007 850-893-0670

Date

Daytime Phone #