PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 DEC 21 PM 3:28

DOCUMENT # P98000026261

1. Corporation Name
Ocean Stars Enterprises, Inc.

REINSTATEMENT

2. Principal Office Address	3. Mailing Office Address
530 Ocean Drive	c/o Tucker, 5802 Tyler St
Suite, Apt. #, etc.: PH 3	Suite, Apt. #, etc.
City & State: Miami Beach, Florida	City & State: Hollywood, Florida
Zip: 33139 Country: USA	Zip: 33021 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: March 20, 1998

5. FEI Number: 65-0845335 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED [X] $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Pat Castillo

Street Address (P.O. Box Number is Not Acceptable): 5804 Tyler Street

400003514357--7
-12/27/00--01080--016
****758.75 ****758.75

Suite, Apt. #, Etc.

City: Hollywood | State: FL | Zip Code: 33021

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: Pat Castillo
Pat Castillo REGISTERED AGENT MUST SIGN

Date: 12-19-00

CR2E081 (9/99)

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
D/VP	Paggin, Giorgio	5757 Collins Ave. #3204	Miami Beach, FL 33140
D/P	Piva, Giuseppe	530 Ocean Drive, #318	Miami, Beach, FL 33139
D/S/T	Scevola, Filippo	5025 Collins Ave. #1405	Miami Beach, FL 33140

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: X PIVA GIUSEPPE 12/15/2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Giuseppe Piva