

APPLICATION
FOR
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # **P98000101625**

1. Corporation Name

BAUSTAR CORP.

Principal Place of Business

5641 ORANGE DRIVE
FT. LAUDERDALE FL 33314

Mailing Address

5641 ORANGE DRIVE
FT. LAUDERDALE FL 33314

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**12/02/1998**

5. FEI Number

65-0886650

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED I

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
PD	SCORPIO, CHARLES	5641 ORANGE DRIVE	FT. LAUDERDALE FL 33314
			800003082248--7
			-12/28/99--01070--014
			****750.00 ****750.00

REINSTATEMENT 99 11 TS

8. Name and Address of Current Registered Agent

SCORPIO, CHARLES
5641 ORANGE DRIVE
FT. LAUDERDALE FL 33314

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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 REQUIRED**
REGISTERED AGENT MUST SIGN

Date

12.06.99

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 on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12.06.99 (954)**792-2222****FILED****99 DEC 20 PM 5:18****SECRETARY OF STATE
TALLAHASSEE, FLORIDA**