PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT	FLORIDA DEPART Secretary DIVISION OF CO	of State	04 DEC 21 AM 8: 41  SECRETARY OF STATE TALLAHASSEE FLORIDA
DOCUMENT # 198000104102			TALLAMPSSEE, TLOTTE
STARHUNTER COM	Poration		
2. Principal Office Address	3. Mailing Office Address		PIAGE TATEMENT 03-04
Po Box 941085 Suite, Apt. #, etc.	Suite, Apt. #, etc.		EMS (A) EMEM.
		4. Date Incorporated or Qualifled To Do Business in Florida	
ry & State  City & State		5. FEI Number Applied For	
Martana, 12	Zip	Country	59 35 4 6 7 6 Not Applicable
32794			CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent			
Name Summer	<u>- S. S</u>	hafter	
Street Address (P.O. Box Number is Not Acceptable)  40043562714  Street			
Suite, Art #, Etc.	<u> </u>		12/21/0401084002 **550 (00
City N 1	500,000	FL	State   Zip Code   FL   32.70
Signature of			. ,
Registered Agent REGISTERED AGENT MUST SIGN			Date
9. Names and Street Addresses of Each Officer and	Vor Director (Plorida nonprof	it corporations must list at le	east 3 directors)
Titles Name of Officers and/or Directors		Street Address of Each Officer and/or Director	
President John Hodak	1021	Lejay Street	et Orlando, FL 32828
Drecho Chrishma Singh-	Dereus 1021	Lejay Stree	Hando FZ 32828
		<u> </u>	
this reinstatement application, the reason for disse	plution has been eliminated.	the corporate name satisfies	provided for in chapter 607 or 617, F.S. I further certify that when filing a 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 quality 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 AND THE DOT PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Dayling Phone of			
SIGNATURE AND TIPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone of			

FILED

04 DEC 21 AM 8:41

December 20, 2004

SECRETARY OF STATE FALLAHASSEE, FLORIDA

STARHUNTER Corporation PO Box 941085 Maitland, FL 32794 407-716-6584

Division of Corporations
ATTN: Reinstatement Division
409 E. Gaines Street
Tallahassee, FL 32399

Dear Sir or Madam:

I have spoken to a few of your Office of Reinstatement employees this morning and have been instructed to write a letter to this regard.

I am asking that STARHUNTER Corporation receive a FEE WAIVER for Annual Reporting year 2003 due to the fact that no materials were received to the listed company address or by any of our officers. In October 2003 a letter was mailed to your offices regarding this trouble and several phone calls were exchanged.

I have enclosed (as instructed by your employees) a check for \$300 for you to reinstate STARHUNTER Corporation as "Active" status as soon as possible. I have also enclosed the necessary paperwork. Please note that we were instructed that the fees to reinstate were \$750 so we had two cashier's checks cut in this amount (which cannot be returned). I have enclosed the one check for \$550 at your employee's request and will be happy to apply for a refund or credit of the remaining \$250 at a later date.

At this time I am requesting reinstatement for the STARHUNTER Corporation and a fee waiver for the reinstatement fees due to the lack of materials from your offices.

Your helpful employees have also instructed me that the new reporting dates are from January 1, 2005 – April 30, 2005 and will ensure that our Annual Report is sent in proper accord.

Thank you,

Summer S. Shaffer Registered Agent

STARHUNTER Corporation