

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

2000 UTR

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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

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DOCUMENT # **99000068699**

1. Corporation Name
STAR SOFT USA INC.

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 ****150.00 ****150.00

2. Principal Office Address 501 BRICKELL KEY DR.		3. Mailing Office Address 501 BRICKELL KEY DRIVE	
Suite, Apt. #, etc. SUITE 507		Suite, Apt. #, etc. SUITE 507	
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA	
Zip 33131	Country U.S.A.	Zip 33131	Country U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida **JULY 29th 2000**

5. FEI Number **65-0939339** Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED **\$8.75 Additional Fee required for Certificate of Status**

7. Name and Address of Current Registered Agent

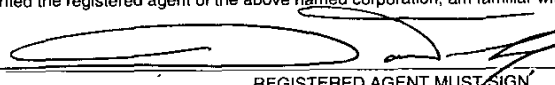
Name **DANIEL TORNOVSKY**

Street Address (P.O. Box Number is Not Acceptable)
1408 BRICKELL BAY DRIVE

Suite, Apt. #, Etc.
APT 206

City **MIAMI** State **FL** Zip Code **33131**

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  Date **November 20th 2000**

REGISTERED AGENT MUST SIGN

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	WALTER DE LUNA CABRAL	7110 NW 112 COURT	MIAMI, FLORIDA 33178
V	SILMARA BENAVIDES GILIOLI	7110 NW 112 COURT	MIAMI, FLORIDA 33178
D	DANIEL TORNOVSKY	1408 BRICKELL BAY DR. #206	MIAMI, FLORIDA 33131
			AD

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  **DANIEL TORNOVSKY** Date **Nov. 20th 2000** Daytime Phone # **(305) 579 2004**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/99)



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68699

Miami, November 20th, 2000

Florida Department of State
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

C/O Katherine Harris
Secretary of State

Dear Mrs. Harris,

We registered our company here in Florida on July 29th, 1999.

Just recently I discovered that there was an annual fee that our company should have paid.

In Brasil we don't have this annual fee and I apologize for the fact that we are in situation of requesting this reinstatement.

The information I received by phone from the Division of Corporations was that because we changed our address and did not receive the necessary paper to pay in due time that I should:

1. Request the reinstatement;
2. Inform our new address;
3. Request your acceptance of the normal annual fee of US\$ 150.00.

Now, aware of the procedures I can assure you that all the necessary payments and proper communications will be followed by us with the Division of Corporations.

I thank you and remain,

Faithfully your


Daniel Tornovsky
Director
Star Soft USA Inc.