


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000079400		
1. Entity Name STUART STARR, CHARTERED		

FILED
05 OCT -7 PM 1:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 315 NE 3 AVENUE SUITE 200 FORT LAUDERDALE, FL 33301	Mailing Address 315 NE 3 AVENUE SUITE 200 FORT LAUDERDALE, FL 33301
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2. Principal Place of Business 400 S.E. 9 STREET	3. Mailing Address 400 S.E. 9 ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

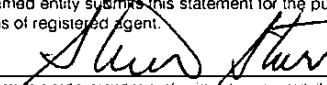
10062005 REIN-P CR2E098 (6/04)

City & State FT. LAUDERDALE, FL	City & State FT. LAUDERDALE, FL
Zip 33316	Zip 33316
Country BROWARD	Country BROWARD

4. FEI Number 65-0950268	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent STUART, STARR 315 NE 3 AVENUE SUITE 200 FORT LAUDERDALE, FL 33301	7. Name and Address of New Registered Agent Name STUART STARR Street Address (E.O. Box Number is Not Acceptable) 400 S.E. 9 STREET City FT. LAUDERDALE, FL Zip Code 33316
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	10-6-05
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	D STARR, STUART 315 NE 3 AVENUE # 200 FORT LAUDERDALE, FL 33301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 400 S.E. 9 STREET FT. LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700060503337 10/12/05--01004--004 **150.00
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 10/10/10
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: 	STUART STARR 10-6-05 454-821-4435
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	