

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 JUL 26 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

999000081963

1. Corporation Name

STARSLINX ENTERPRISES, INC.

2. Principal Office Address

1885 N.E. 154 ST.

Suite, Apt. #, etc.

N/A

City & State

NORTH MIAMI BCH, FL.

Zip

33162

Country

USA

3. Mailing Office Address

1885 N.E. 154 Street

Suite, Apt. #, etc.

N/A

City & State

North Miami Beach, FL.

Zip

33162

Country

USA

REINSTATEMENT 00-02

4. Date Incorporated or Qualified To Do Business in Florida

09/10/1999

5. FEI Number

65-0959759

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Bridgett M^cLeish

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

1885 N.E. 154 STREET

Suite, Apt. #, Etc.

N/A

City

North Miami Beach

State

FL

Zip Code

33162

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

Bridgett M^cLeish

REGISTERED AGENT MUST SIGN

Date

07/20/02

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	EFFS, BERTAN	1885 NE 154 STREET	North Miami Beach FL 33162
D	M ^c LEISH, BRIDGETT	1885 NE 154 STREET	North Miami Beach FL 33162

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:

Bridgett M^cLeish BRIDGETT M^cLEISH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

07/20/02

(305) 944-4925
Daytime Phone #

7/20/02