	PLEASE REA	AD ALL INSTRU	CTIONS BEFORE	COMPLETING THIS FOR	RM.	
	RPORATION STATEMENT	FLORIDA DE Seci	PARTMENT OF STATE retary of State of Corporations	, ,	11 9: 47	
DOCUMENT # S73151 1. Corporation Name Silver Star International Investment Corp.				TALLAHASSEL 80001303- 02/24/03010660	4398	
	Il Office Address SW-3rd Avenue	3. Mailing Office	Address Brd Avenue	REINSTATEMENT O		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 08/14/1991		
City & State Miami, FL		City & State Miami, FL		5. FEI Number 650288239	Applied F	
^{Zip} 33129	Country USA	^{Zip} 33129	Country	6. CERTIFICATE OF STATUS DESIRED	\$8.75 Additional Fee re	
•		7. Name	and Address of Current Regist	ered Agent		
	Name Jose Maria Car	rneiro da Cunha				
	Street Address (P.O. Box Number is Not Acceptable) 1643 Brickell Avenue					
	Suite, Apt. #, Etc. 3205					
	^{City} Miami			State Zip Code FL 33129		
8. I, being Signature of Registered /	·	e above named corporation		obligations of section 607.0505 or 617.0503	.F.s. 12003	
9. Names	and Street Addresses of Each Office	er and/or Director (Florida n	onprofit corporations must list at l	least 3 directors)	=	
I T	Name of		Street Address of Fa	-h		

Titles Street Address of Each Officer and/or Director City / State / Zip Officers and/or Directors PD ' Elza Lara Loeb 1900 SW 3rd Avenue Miami, FL 33129 SD Tania Lara Loeb 1900 SW 3rd Avenue Miami, FL 33129 D Sheila Lara Loeb 1900 SW 3rd Avenue Miami, FL 33129

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 filling 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 acind my signature shall have the same legal effect as if made under oath.

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Elza Lara Loeb SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305) 858-1099

Daytime Phone #

Applied For Not Applicable ional Fee required ficate of Status

ALL APPLICATIONS NOT COMPLETED IN ACCORDANCE WITH THESE INSTRUCTIONS WILL BE RETURNED FOR CORRECTION(S). PLEASE READ ALL INSTRUCTIONS CAREFULLY.

INSTRUCTIONS FOR COMPLETING THE REINSTATEMENT APPLICATION

- Block 1 Enter the corporation name & document number on file with the Secretary of State in Block 1. The NAME of the corporation can be changed only by filing an amendment.
- Block 2 Type or print principal office address in Block 2.
- Block 3 Type or print the mailing address in Block 3. (NOTE: Annual reports will be mailed to the last known mailing address. Reports are not mailed to the registered office address.)
- Block 4 Enter the date of incorporation or qualification for this corporation.
- Block 5 Complete Block 5 by entering your Federal Employer Identification (FEI) number or checking off the appropriate box. If "applied for" was previously reported to this office, you MUST now include the FEI number or attach a photocopy of your application for the FEI number to this form or this application will be rejected. Call Internal Revenue Service at 1-800-829-1040 for FEI assistance.
- Block 6 Your cancelled check will be your filing acknowledgment unless a certificate of status is requested in Block 6 and an additional \$8.75 is submitted to cover its fee. Certificates of status will be mailed to the corporate mailing address unless accompanied by a cover letter indicating the name and address to whom the certificate should be mailed.
- Block 7 Enter name of the registered agent and/or address. (The registered office address must be a Florida street address.)
- Block 8 The designated registered agent must indicate familiarity with Section 607.0505, F.S., or 617.0503, F.S., and acceptance of its obligations and this appointment by completing and signing in Block 8. ALL REINSTATEMENTS MUST BE SIGNED BY THE REGISTERED AGENT in accordance with Section 607.1422(1)(b) or 617.1422(1)(b), F.S. If the registered agent does not sign, the application will be rejected.
- Type or print the current officers/directors in the space provided in Block 9. Attach a separate sheet if necessary. In column 1 use the following or similar letters to designate appropriate corporate title(s): P=President, T=Treasurer, S=Secretary, V=Vice President, D=Director, C=Chairman, M=Manager, etc. If a person holds more than one position, enter all positions, e.g. S/D, V/D, P/V/D. A FLORIDA NONPROFIT CORPORATION MUST LIST ALL DIRECTORS (OR PERSON ACTING IN SUCH CAPACITY) THE NUMBER OF WHICH MAY NOT BE LESS THAN THREE (3) DIRECTORS OR TRUSTEES WITH THEIR STREET ADDRESSES. The letter "D" or "T" must appear beside the name and address of each director or trustee in the title portion. NOTE: A director must be a natural person 18 years of age or older. Florida Statutes requires a physical street address be given. The provision of a post office box in Block 9 is an affirmation under oath that no other address is available. If no officers/directors were previously given, they must now be designated.
- Block 10 This report must be signed by an officer or a director of the corporation that is listed in Block 9 or on an attachment. If the corporation is in the hands of a receiver, it must be signed by the trustee or receiver.

MAKE CHECKS PAYABLE TO DEPARTMENT OF STATE.

FEES:	PROFIT CORPORATION	NON-PROFIT CORPORATION
Reinstatement Fee	\$600.00	\$175.00
Annual Report Fee	\$ 61.25 (for each year dissolved)	\$ 61.25 (for each year dissolved)
Corporate Supplemental Fee	\$ 88.75 (for each year dissolved 1992 forward)	N/A
(Profit Corporations only)		

\$750.00

Fees to Reinstate* Effective January 1, 2003					
IF A PROFIT CORPORATION	IF A NON-PROFIT CORPORATION				
\$2,250.00 2,100.00 1,950.00 1,800.00 1,650.00 1,500.00 1,350.00 1,200.00	\$848.75 787.50 726.25 665.00 603.75 542.50 481.25 420.00				
1,050.00 900.00 750.00	358.75 297.50 236.25				
	IF A PROFIT CORPORATION \$2,250.00 2,100.00 1,950.00 1,800.00 1,650.00 1,500.00 1,350.00 1,200.00 1,050.00				

^{*}If dissolved prior to 1993, call 850-245-6059 for filing fee information.

Minimum Amount Due

Mailing Address:

236.25

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

Courier Service Address:

Department of State
Division of Corporations
409 East Gaines St.
Tallahassee, FL 32399

Internet Address:

http://www.sunbiz.org

(850) 245-6059

Hearing/Voice Impaired may call (850) 245-6096 (TDD)

^{*}Add additional \$8.75 for each certificate of status requested.