


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**FILED**

05 MAY 12 PH 3:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P02000079954**

1. Corporation Name  
**BRIGHTSTAR E-PIN SOLUTIONS CORP.**

2. Principal Office Address <b>2010 NW 84 Avenue</b>		3. Mailing Office Address <b>2010 NW 84 Avenue</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Miami, FL</b>		City & State <b>Miami, FL</b>	
Zip <b>33122</b>	Country <b>USA</b>	Zip <b>33122</b>	Country <b>USA</b>

4. Date Incorporated or Qualified To Do Business in Florida **7/23/02**

5. FEI Number  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  
**Clayton E. Parker**

Street Address (P.O. Box Number is Not Acceptable)  
**Kirkpatrick & Lockhart Nicholson Graham LLP**

Suite, Apt. #, Etc.  
**201 S. Biscayne Blvd., 20th Floor**

City  
**Miami**

State  
**FL**

Zip Code  
**33131**

**500054667305**  
05/17/05 01021-013 \*\*105 .00

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 *Clayton E. Parker* Date \_\_\_\_\_  
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/C	Raul Marcelo Claire	2010 NW 84 Avenue	Miami, FL 33122

**REINSTATEMENT 03-05**

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: *Raul Marcelo Claire* **Raul Marcelo Claire** 5/10/05 **305 477 8676**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (01/05)