PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 OCT 24 AM 10:12

DOCUMENT # P01000021557

1. Corporation Name
CompuSAT Engineering, Inc.

REINSTATEMENT 03 MRD

2. Principal Office Address	**3.** Mailing Office Address
2450 Tim Gamble PL	2450 Tim Gamble Pl.
Suite, Apt. #, etc.: #253	Suite, Apt. #, etc.: #253
City & State: Tall. FL.	City & State: Tall. FL.
Zip: 32308 Country: USA	Zip: 32308 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 2/28/01

5. FEI Number: 90-0063489 ☐ 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: Michael Wildrick

900024394629
11/04/03--01013--008 **158.75

Street Address (P.O. Box Number is Not Acceptable): 10261 Syphon Dr.

Suite, Apt. #, Etc.:

City: Tall. | State: FL | Zip Code: 32305

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: Michael Wildrick — Date: 10/24/03
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	Michael Wildrick	10261 Syphon Dr	Tallahassee Fl. 32308
V	Barbara Swayze	10071 N. Natural Wells Dr.	Tallahassee Fl. 32308

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: Michael Wildrick — Michael Wildrick — Date: 10/24/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #

CR2E081 (10/02)

Registerd Agent is no Longer with
Compusat Engineering, Inc.
Never received Annual reports for year 2003
Any notices because Agents address
was main address used.

Barbara Arroyo