

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION -
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

03 OCT 24 PM 3:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F00000002986

1. Corporation Name

PRIVATEL, INC.

Principal Place of Business

2022 HIGHWAY 71
SPRING LAKE NJ 07762

Mailing Address

PO BOX 73
SPRING LAKE NJ 07762

Handwritten signature

REINSTATEMENT 2003

200024059812

10/24/03 01007 026 *750.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

05/26/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

22-3593181

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
C	MASTROILLI, NICHOLAS SR.	517 MORRIS AVENUE	SPRING LAKE NJ 07762
VC	MASTROILLI, CECILIA	517 MORRIS AVENUE	SPRING LAKE NJ 07762
VP	MASTROILLI, NICHOLAS JR	6 CAPITAL REAL RD	HOWELL NJ 07731
VP	MASTROILLI, PATRICK	427 ESSEX AVENUE	SPRING LAKE NJ 07762
VP	MASTROILLI, BRIAN	514 SUSSEX AVENUE	SPRING LAKE NJ 07762

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

INTERNATIONAL SATELLITE SYSTEMS, INC.
3737 S. TUTTLE AVENUE
SARASOTA, FL 34239

Name

INTERNATIONAL SATELLITE SYSTEMS INC.

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

2555 PORTER LAKE DRIVE, SUITE A 110

Suite, Apt. #, Etc.

SARASOTA, FLORIDA 34240

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Handwritten signature of Paul Dana Clark
REGISTERED AGENT MUST SIGN

Date 10/15/03

11. 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:

Handwritten signature of Nick Mastroilli Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V.P.

10/15/03

Date

732-974-1502

Daytime Phone #

CR20040 (7/03)