

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 OCT 17 PM 12:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F02000001661**

1. Corporation Name

VSAT, INC.

Principal Place of Business

Mailing Address

~~10482 NW 31ST TERRACE~~
~~MIAMI FL 33172~~

~~10482 NW 31ST TERRACE~~
~~MIAMI FL 33172~~

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

2. New Principal Office Address, If Applicable

P.O. Box 831237

3. New Mailing Office Address, If Applicable

P.O. Box 831237

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33283

Country

USA

Zip

33283

Country

USA

4. Date incorporated or qualified
To Do Business in Florida

03/28/2002

5. FEI Number

37-1422122

Applied For

Not Applicable

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	JACOBSON, RONALD C	12856 SW 67TH TERRACE	MIAMI FL 33183
D	GREGORY, KOSTAS	2600 CARDENA STREET, PH #2	CORAL GABLES FL 33134
P	ARAPS, CONSTANCE J	2235 RABBIT HOLLOWE CIRCLE	DELRAY BEACH FL 33445
V	NOLAN, BRIAN P	49 ALGONGUIN AVENUE	ROCKAWAY NJ 07866 ROCKAWAY
S	HO, DAVID K	1910 HARTFORD COURT	WEST PALM BEACH FL 33409

8. Name and Address of Current Registered Agent

VSAT, INC.
10482 NW 31ST TERRACE
MIAMI FL 33172

9. Name and Address of New Registered Agent

Name

DAVID HO

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

1910 HARTFORD COURT

Suite, Apt. #, Etc.

City

WEST PALM BEACH

State

FL

Zip Code

33409

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

David Ho

Date

10/15/03

REGISTERED AGENT MUST SIGN

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:

David Ho

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/15/03

Daytime Phone #

561-687-3141

CR2E040 (7/03)