

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS



750.00 FILED
~~8.75~~ SECRETARY OF STATE
 \$758.75 DIVISION OF CORPORATIONS
 99 NOV 19 PM 2:18

DOCUMENT # **F93000004855**

1. Corporation Name
EARTH SATELLITE CORPORATION (EARTHSAT)

Principal Place of Business 6011 EXECUTIVE BOULEVARD SUITE 400 ROCKVILLE MD 20852-3804	Mailing Address 6011 EXECUTIVE BOULEVARD SUITE 400 ROCKVILLE MD 20852-3804
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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 10/27/1993
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number 52-0894197
City & State	City & State	Applied For <input type="checkbox"/>
Zip	Country	Not Applicable <input type="checkbox"/>
		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>

REINSTATEMENT 99

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

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
VPS	LORUSSO, PATRICIA L.	12414 SADLER LANE	BOWIE MD
D	THIBAUT, DAVID A	10940 WHITERIM DRIVE	POTOMAC MD
D	SHEFFIELD, CHARLES	2848 AQUARIUS AVENUE	SILVER SPRING MD
D	LEVIN, S B	85 NORTH SHORE ROAD	NEW PRESTON CT
D	COLWELL, ROBERT N	1300 JUANITA DRIVE	WALNUT CREEK CA
D	RASIEL, AMRAM	34 GALLISON AVENUE	MARBLEHEAD MA

8. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 000003060480--5 Suite, Apt. #, Etc. -12703799--01089--025 758, 75 758, 75 City State FL Zip Code
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10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of Registered Agent: **PETER F. RUIZ** **REQUIRED** Date: **11/12/99**
 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: **Patricia L. Lorusso** **REQUIRED** **AD**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: **11/11/99** Daytime Phone #: **301-831-0660**
8160-600
#611