

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 OCT 30 AM 8:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000004890

1. Corporation Name

DISH NETWORK SERVICE CORPORATION

Principal Place of Business

Mailing Address

5701 S SANTA FE DR
~~ENGLEWOOD~~ CO 80120
US

5701 SOUTH SANTA FE DRIVE
LITTLETON CO 80120
US



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

REINSTATEMENT

200

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

09/21/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

84-1195952

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
CPC	ERGEN, CHARLIE	5701 S SANTA FE DR	LITTLETON CO 80120
EVPD	DEFRANCO, JAMES	5701 S SANTA FE DR	LITTLETON CO 80120
SVSD	MOSKOWITZ, DAVID K	5701 S SANTA FE DR	LITTLETON CO 80120
T	SCHAUER, STEVEN	5701 S SANTA FE DR	LITTLETON CO 80120
T	Kiser, Jason	5701 S. Santa Fe Dr	Littleton, CO 80120
			LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

Name

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

Suite, Apt. #, Etc.

City

600003469586--0

-11/20/00--01016--014

****758.75 ****758.75

State Zip Code

FL

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.

Signature of
Registered Agent

SIGNATURE OF REGISTERED AGENT
REGISTERED AGENT MUST SIGN

Date 10-19-00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-17-00
Date

303-723-1600
Daytime Phone #