PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETIN

FILED
Dec 03, 2003 8:00 A.
Secretary of State

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000003524

1. Corporation Name
NETSAT USA, INC.

REINSTATEMENT 00-03

GP

2. Principal Office Address	3. Mailing Office Address
1209 ORANGE STREET	132 MINORCA AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WILMINGTON, DE	City & State: CORAL GABLES, FL
Zip: 19801 Country:	Zip: 33134 Country:

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 22-3455817 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑

7. Name and Address of Current Registered Agent

Name: CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable): 1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.:

City: PLANTATION State: FL Zip Code: 33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0303, F.S.

Signature of Registered Agent: Connie Bryan CONNIE BRYAN SPECIAL ASSISTANT SECRETARY Date: 12/03/2003
REGISTERED AGENT MUST SIGN

CR2E056 (10/03)

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PS	RICARDO MIRANDA SILVA	Prof. Manoelito de Ornellas Street	303 Chacara Santo Antonio
			04719-040 Sao Paulo, Brazil

10. I certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this application as provided for in section 607 or 617, F.S. I further certify that when the corporation applicable, reinstatement has been effected, the corporation now satisfies the requirements of section 607.0401, or 617.0401, F.S., that all taxes levied by the corporation have been paid and the names of persons and fees on this form do not qualify for an exemption under section 607.1810, 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: Ricardo Miranda Silva 12/3/03
MUST BE SIGNED BY PRESIDENT OR VICE PRESIDENT OR DIRECTOR — Date — Daytime Phone #