

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 101905		99 MAR 17 AM 10:24 DIVISION OF STATE TALLAHASSEE, FLORIDA	
1. Corporation Name BREEZETHRU, INC. OF SATELLITE			
Principal Place of Business 1652 S.R.A1A SATELLITE BEACH FL 32937		Mailing Address 1652 S.R. A1A SATELLITE BEACH, FL 32937	
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	
Suite, Apt. #, etc		Suite, Apt. #, etc	
City & State		City & State	
Zip Country		Zip Country	
4. Date Incorporated or Qualified To Do Business in Florida 05/03/84			
5. FEI Number 59-2477889 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>			
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	ORLOS, DENNIS	239 CATFISH CREEK RD.	LAKE PLACID, FL 33852
V	ORLOS, EDWARD	1944 DETROIT ST.	DEARBORN, MICH. 48124
100002821161-2 -03/29/99--01008-004 ***1050.00 ***1050.00			
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
ORLOS, DENNIS E. 239 CATFISH CREEK ROAD LAKE PLACID, FLORIDA 33852		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc City 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 <i>Dennis E. Orlos</i> REGISTERED AGENT MUST SIGN Date 03/09/99			
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)			
12. 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)(a), 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: <i>Dennis E. Orlos</i>		DENNIS E. ORLOS 03/09/99 (941)699-9662	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Day of Month	