

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 FEB 24 PM 3:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # H17716

1. Corporation Name

CLEARVIEW SATELLITE SYSTEMS, INC.

for year  
1999  
2000

Principal Place of Business

P.O. BOX 946  
BRANFORD FL 32008

Mailing Address

P.O. BOX 946  
BRANFORD FL 32008

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

08/22/1984

5. FEI Number

59-2391084

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)<br>1 | Name of Officers<br>and/or Directors<br>2 | Street Address of Each<br>Officer and/or Director<br>3 | City / State / Zip<br>4   |
|---------------|---|--|---|
| P             | GRIMMETT, JOEL F., JR                     | RT 5, BOX 744  | LAKE CITY FL  |
| ST            | GRIMMETT, AMANDA                          | RT 5, BOX 744  | LAKE CITY FL  |
|               |   |  | 600003157086--8<br>-03/03/00--01104--017<br>***300.00 ***300.00<br>TS |
|               |   |  | 99-00 AR  |
|               |   |  |   |
|               |   |  |   |

8. Name and Address of Current Registered Agent

GRIMMETT, JOEL F.  
RT 5, BOX 744  
LAKE CITY FL 32055

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (8/99)

H17716

Feb 25, 2000

Division of Corporations

Att: Tyrone -

As per our conversation  
Feb 25, 2000 Please find a Check  
for \$300.00 - for year 1999 and  
year 2000 - I did not receive  
any notice on the above years  
and request a waiver of Penalty

Very truly yours  
Clemmie Littlejohn

