

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 MAY 19 PM 3:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K 33638

1. Corporation Name

Satellite Earth Stations of West Florida, Inc.

Principal Place of Business

Mailing Address

500 W. Burgess Rd.
Pensacola, FL 32503

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

2. New Principal Office Address, If Applicable
3 West Garden St.

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

9/9/1988

Suite, Apt. #, etc.
Suite 700

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State
Pensacola, FL

City & State

59-2917793

Not Applicable

Zip Country
32501 USA

Zip Country

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P,S,T,D	Mildred H. Fontenot	1908 Rena Lane	Dalton, GA 30720

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Grass, John R., P.A.
120 S. Alcaniz St.
Pensacola, FL 32501

Name

Gary W. Huston

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

3 West Garden St.

Suite, Apt. #, Etc.

Suite 700

City

Pensacola

State

FL

Zip Code

32501

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

Gary W. Huston

REGISTERED AGENT MUST SIGN

Date April 29, 1998

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐

No ☒

(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)(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:

Mildred H. Fontenot
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mildred H. Fontenot

Date

5-5-98

Daytime Phone #

706-257-6254