

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 APR 21 PM 1:38

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L02000019626

1. Limited Liability Company's Name

SATELLITE LOGISTICS GROUP-FLORIDA, LLC

200150940792
04/17/09--01004--019 **416.25
CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #
12300 NW 32nd Ave.

3. Mailing Office Address
12621 Featherwood Dr.

Suite, Apt. #, etc.
Building B

Suite, Apt. #, etc.
Suite 390

City & State
Miami, FL

City & State
Houston, TX

Zip
33167

Country
Miami-Dade

Zip
77034

Country
Harris

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number
33-1041035

Applied For
Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)
1200 SOUTHPINE ISLAND ROAD

Suite, Apt. #, Etc.

City
PLANTATION, FL

State Zip Code
FL 33324

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	BRADY, KEVIN D.	12621 Featherwood Dr.	Houston, TX 77034

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

Date 4/15/09 Daytime Phone # 281-902-5520

Typed or printed name of signing Managing Member/Manager Diane S. Mohr Vice President - Finance

N. O. O. APR 22 2009