

From:

11/13/2014 22:30

#252 P.003/003

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** L06000048174

1. Limited Liability Company's Name

AN SATELLITE SYSTEMS, LLC

2. Principal Office Address - No P.O. Box #  
13 CUNNINGHAM LANE

Suite, Apt. #, etc.

City & State

PALM COAST, FL

Zip

32137

Country

U.S.

3. Mailing Office Address  
SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation  
FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

5/9/2006

6. FEI Number

134337407

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

NATIONAL CORPORATE RESEARCH

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

155 OFFICE PLAZA DRIVE

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32137

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of  
Registered Agent

*Don Marie Lampert*

REGISTERED AGENT MUST SIGN

Date 11/14/15

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	Abram Novak	13 Cunningham Lane	Palm Coast, FL 32137

**REINSTATEMENT**

NOV 14 2014

R. HUNT

11. E-mail Address: DRIVKIN@CFJBLAW.COM

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Date 11/13/2014

Daytime Phone # 212-380-9605

Typed or printed name of signing Authorized Representative/Manager

V. DAVID RIVKIN

((H14000264918 3)))

From:

11/13/2014 22:29

#252 P.001/003

Division of Corporations

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**Florida Department of State**  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 617-6384

From: Account Name : NATIONAL CORPORATE RESEARCH, LTD.  
Account Number : 1200000000088  
Phone : (800) 221-0102  
Fax Number : (800) 944-6607

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: Drunkin@CFJBlaw.com

**LIMITED LIABILITY REINSTATEMENT**  
**AN SATELLITE SYSTEMS, LLC**

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Corporate Filing Menu

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