PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

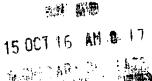
LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L13000021250

1. Limited Liability Company's Name
KYSAT COMMUNICATIONS, LLC



100278186071 10/16/15--01002--004 ***377.50

					!	10/16	/1501002004	**377.58
2. Principal (Office Address - No P.O. Box#	3. Mailing Office Address			CR2E041 (1/14)			
102 SANDY AVE		PO BOX 263702			State/Country of Formation			
Suite, Apt. #, etc.		Suite, Apt. #, etc .		FL/USA				
						 Date Organi To Do Busine 	zed or Qualified ess in Florida 02/11/201	13
City & State		City & State			6. FEI Number Applied For			
TAMPA		TAMPA			46-2020786 Not Applicable			
Zip	Country	Zip		Country		7. CERTIFICATE OF	STATUS DESIRED 55.00 Ad	ditional Fee required lificate of status
33615	USA	33685		USA		CERTIFICATE OF	STATUS DESIRED for a cert	incate of status
	8. Name and Addr	ess of Current Reg	Istered Agent					
Name EDUNYS	PEREZ SARMIENTO	-						
	s (P.O. Box Number is Not Acceptable)	Suite,						
Apt. #, Etc								
		#III						
City TAMPA				te L 33	Zip Code 615			
9. I, being	appointed the registered agent of the	above amed limited	d kability compar	ny, am far	niliar with and a	accept the obligations	of Chapter 605, F.S.	
Signature of	í <	#					Date 10/14/15	
Registered A	Agent	REGISTERED AGE	NT MUST SIGN				Date	
10. Names	and Street Addresses of Authorized Re	oresentatives/Manage	ers					
Titles	Name of Authorized Representati Managers	Street Address of Each Authorized Representative/ Manager				City / State / Zip		
OWN	EDUNYS PEREZ SARMIENTO		102 SANDY AVE, TAMPA, FL			A, FL, 33615	TAMPA/FL/33615	
								
					'	OCT 1 6 2015		
	REINSTATEMENT							
				<u> </u>			R. HUNT	
11 E- mail A	Address: EDUNYS@KYSAT.	BIZ	<u> </u>			_	<u>.</u>	
(1, = 1164)			(T- b ()	6.1				

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 requirement 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 fake information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member _____

Date 10/14/15 PEREZ SARMIENTO

813-433-0728