PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

FILED

2023 JUL -5 PM 4:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

600411702466
07/05/23--01040--001 **516.25

DOCUMENT # L20000000497

* Limited Liability Company's Name
SATELLITE MANAGEMENT LLC

2 Principal Office Address - No P.O. Box #	3 Mailing Office Address
1095 HIGHWAY A1A	1095 HIGHWAY A1A
Suite Apt. # etc.	Suite Apt. # etc.
UNIT 2202	UNIT 2202
City & State	City & State
SATELLITE BEACH FL	SATELLITE BEACH, FL
Zip / Country	Zip / Country
32937 / USA	32937 / USA

CR2E047 (1/14)

4 State/Country of Formation: FL

5 Date Organized or Qualified To Do Business in Florida: 12/31/2019

6 FEI Number: 84-5055724 ☐ 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: EDWARD C. MIKKELSEN

Street Address P.O. Box Number is Not Acceptable: 1095 HIGHWAY A1A

Apt. # Etc: UNIT 2202

City: SATELLITE BEACH | State: FL | Zip Code: 32937

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: [signature] Date: 6/27/2023

REGISTERED AGENT MUST SIGN

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	EDWARD C MIKKELSEN	1095 HIGHWAY A1A, APT 2202	SATELLITE BEACH FL, 32937

JUL 12 2023
D CUSHING

11 E-mail Address: paulrees@wrtaxlaw.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 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 false 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: [signature] Date: 6/27/2023 Daytime Phone #: 1-401-952-6909

Typed or printed name of signing authorized representative/member: EDWARD C. MIKKELSEN