

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # L49799

1. Corporation Name Satellite Wholesalers Inc

PED TAX ID 59-2991877

Principal Place of Business

Mailing Address

5433 Jet View Circle
Tampa, FL 33634

5433 Jet View Circle
Tampa, FL 33634

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc. NA

Suite, Apt. #, etc. NA

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida 2/1990

5. FEI Number 59-299-1877

Applied For

Not Applicable

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
President	Timothy J. Kelley	10213 Wilcox Ct	Tampa, FL 33615

600002478876-6
-04/06/98--01002--005
****900.00 ****900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Timothy J. Kelley
10213 Wilcox Ct.
Tampa, FL 33615

Name

Timothy J. Kelley

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

10213 Wilcox Ct.

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33615

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

3/23/98

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Timothy J. Kelley

Date

3/23/98

Daytime Phone #

813-885-4530

FILED

98 MAR 31 AM 6:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

917-98

CR2E040 (1-98)