

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 FEB -7 PM 4:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

L49799

1. Corporation Name

Satellite Wholesalers Inc

2. Principal Office Address

5433 Jet View Circle

3. Mailing Office Address

N/A

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City & State

Tampa, FL

City & State

N/A

Zip

33634

Country

USA

Zip

N/A

Country

N/A

REINSTATEMENT 99-000

4. Date Incorporated or Qualified To Do Business in Florida

2/08/90

5. FEI Number

59-2991877

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Timothy Kelley

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

3902 Versailles Drive

Suite, Apt. #, Etc.

Tampa, FL N/A

City

Tampa FL

State

FL

Zip Code

33634

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

2/02/00

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	Timothy Kelley	3902 Versailles Drive	Tampa, FL 33634

10. 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] President

Date

02/02/00

Daytime Phone #

813-885-4550

CR2E081 (9/99)