

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2005 NOV -8 PM 12:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M04000000267

1. Limited Liability Company's Name

ECHO STAR SATELLITE L.L.C.

2. Principal Office Address

9601 S. Meridian Blvd.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 6655

Suite, Apt. #, etc.

City & State

Englewood, Colorado

Zip

80112

Country

USA

City & State

Englewood, Colorado

Zip

80155

Country

USA

4. State/Country of Formation

Colorado

5. Date Organized or Qualified
To Do Business in Florida

1/20/04

6. FEI Number

84-1114039

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

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Date

10/17/05

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
	EchoStar DBS Corporation	9601 S. Meridian Blvd.	Englewood, CO 80112
		200061257242	
		11-8-05-01042-007	\$150.00
			05

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, 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 608 406, 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.

Signature of
Managing Member/Manager

Date

10/21/05

Daytime Phone # 303-723-1000

Typed or printed name of signing Managing Member/Manager R. Stanton Dodge