

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

APPROVED
AND
FILED

DEC 10 1998 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M66666

1. Corporation Name
SATELCAST, INC.

Principal Place of Business
**2600 SW THIRD AVENUE
SUITE 450
MIAMI FL 33129
US**

Mailing Address
**2600 SW THIRD AVE
SUITE 450
MIAMI FL 33129
US**



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		4. Date Incorporated or Qualified To Do Business in Florida 02/02/1988	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0033715	
City & State		City & State		Applied For	
Zip		Zip		Not Applicable	
Country		Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PSD	LINTEN, JOSEPH	2600 SW THIRD AVENUE, SUITE 450	MIAMI FL
VTD	LINTEN, DE PLA M	1 MARIA DEL MOLINA	MADRID ES

2000002576092--5
-06/30/98--01046--007
***300.00 ***300.00
REINSTATEMENT 97-98
SEC 6-25-98

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
BEFELER, GOERGE ESQ. MUSEUM TOWER, SUITE 2701 150 W. FLAGLER ST. MIAMI FL 33130		Name Street Address (P.O. Box Number is Not Acceptable) 100 SE 2nd Street Suite, Apt. #, Etc. Suite 3700 City Miami State FL Zip Code 33131	

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 _____ Date **6-15-98**

REGISTERED AGENT MUST SIGN

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: **Go. Befeler** DATE **Mar 16 98**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (8/97)