

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2008 MAR -6 PM 1:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000017113

1. Corporation Name

Vision Satelite, Inc.

2. Principal Office Address - No P.O. Box #

782 NW Le Jeune Rd

Suite, Apt. #, etc.

Suite 436

City & State

Miami, FL

Zip

33126-5549

Country

USA

3. Mailing Office Address

1200 Brickell Bay Dr

Suite, Apt. #, etc.

Unit 3001

City & State

Miami, FL

Zip

33131

Country

USA

**REINSTATEMENT**

CR2E081 (12/07)

06-08

4. Date Incorporated or Qualified  
To Do Business in Florida

02/14/2000

5. FEI Number  
65-0986970

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

Antonio R Lopez, CPA

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

782 NW Le Jeune Rd

Suite, Apt. #, Etc.

Suite 436

City

Miami

State

FL

Zip Code

33126-5549

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Date 02/07/08

REGISTERED AGENT MUST SIGN

**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
PD	Mauricio Rojas Soto	Calle 25 # 20-24	Cali, Colombia
VD	Amalia Sierra Correal	Calle 25 # 20-24	Cali, Colombia

400119367354  
03/04/08--01020--009 \*\*450.00

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mauricio Rojas Soto

02/27/08

Date

305-448-3323

Daytime Phone #