

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Kathleen Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000043940

1. Corporation Name

PRIESAT, INC.

Principal Place of Business

7204 N.W. 25 ST
MIAMI FL 33122

Mailing Address

7204 N.W. 25 ST
MIAMI FL 33122

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc. 525 SW 63 CT

City & State Miami, FL

Zip 33144

Country US

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc. 525 SW 63 CT

City & State Miami, FL

Zip 33144

Country US

4. Date Incorporated or Qualified To Do Business in Florida

05/02/2000

5. FEI Number

65-1004195

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	City / State / Zip
1	2	3	4
PSD	PRIETO, LIDA	11218 NW 4TH ST	MIAMI FL 33172
TD	SATIZABAL, MARCO A	11218 NW 4TH ST	MIAMI FL 33172
P	PRIETO, LIDA	525 SW 63 CT	MIAMI, FL 33144
T	SATIZABAL, MARCO A	525 SW 63 CT	MIAMI, FL 33144
900004705539--8 -12/05/01--01025--007 ****150.00 ****150.00			

8. Name and Address of Current Registered Agent

PRIETO, LIDA
11218 N.W. 4TH STREET
MIAMI FL 33172

9. Name and Address of New Registered Agent

Name PRIETO, LIDA
Street Address (P.O. Box Number is Not Acceptable)
525 SW 63 CT
Suite, Apt. #: Etc.
City MIAMI
State FL Zip Code 33144

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

REGISTERED AGENT MUST SIGN

Date 10-25-01

11. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-25-01 305-2670783

2012

Florida Department of State

October 28, 2001

In reply to: "Notice of Administrative Dissolution or Revocation"

Katherine Harris
Secretary of State
Division of Corporations

Dear Katherine Harris:

We were surprised to receive a "Letter of Notice of Administrative Dissolution or Revocation" from your office on October 12 of this year. We never received the UBR form, or any second notice. We reported a change of address to your Tallahassee office in April of this year, and at our local Post Office. We don't understand why we did not receive any notice or UBR form prior to the above-mentioned letter.

Please, receive our enclosed money order for \$150, for the Annual Report and Corporate Supplemental charges. Our company like many at this time have gone through some hard financial moments, however keeping the corporation open is very important to us. We want to show you our good will by paying our obligations.

We hope you understand our situation, and help us to resolve this problem. We appreciate your time and hope to receive a positive reply from you.

Cordially,

Lida Prieto
President
PRIESAT INC.