

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 AUG 27 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000109130

1. Corporation Name

GLOBAL SATELLITE CORPORATION

2. Principal Office Address

6412 N. University Dr

Suite, Apt. #, etc.

SUITE 104

City & State

TAMARAC FL

Zip

33321

Country

USA

3. Mailing Office Address

6412 N. UNIVERSITY DR

Suite, Apt. #, etc.

SUITE 104

City & State

TAMARAC FL

Zip

33321

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/27/2000

5. FEIN Number

651056391

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

CHARLES LAMM

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

6412 N. UNIVERSITY DR

Suite, Apt. #, Etc.

SUITE 104

City

TAMARAC

State

FL

Zip Code

33321

REINSTATEMENT

01-04

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

REGISTERED AGENT MUST SIGN

Date

8/25/04

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
PTD	LORNA CAMPBELL	6412 N. UNIVERSITY DR #104	TAMARAC FL 33321
VD	LORRAINE CAMPBELL	6412 N. UNIVERSITY DR #104	TAMARAC FL 33321
SD	BRIAN CAMPBELL	6412 N. UNIVERSITY DR #104	TAMARAC FL 33321

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LORNA CAMPBELL

Date

8/25/04

Daytime Phone #

954-597-1612

CR2001 (01/04)