

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

01 DEC -4 PM 2: 16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000116953

1. Corporation Name

DISH MANAGEMENT GROUP, INC.

Principal Place of Business

Mailing Address

~~2600 N. MILITARY TRAIL~~  
~~SUITE 206~~  
~~BOCA RATON FL 33431~~

~~2600 N. MILITARY TRAIL~~  
~~SUITE 206~~  
~~BOCA RATON FL 33431~~



REINSTATEMENT 2001

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

12/22/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1096145

Applied For

Not Applicable

City & State

City & State

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
D	LOEWENSTERN, ELLIOT	<del>2600 N. MILITARY TRAIL SUITE 206</del> 6466 NW 32 TERR.	BOCA RATON FL 33431 33496
D.	FORMAN, RANDY	10392 CANOE BROOK CIRCLE	BOCA RATON, FL 33496
D	HYMOWITZ, MITCHELL	11 GENESOE TRAIL	HARRISON, NY 10520
			700004743147--6
			-12/28/01--01078--021
			****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LOEWENSTERN, ELLIOT  
2600 N. MILITARY TRAIL  
SUITE 206  
BOCA RATON FL 33431

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

*[Signature]*

Date

11/6/01

REGISTERED AGENT MUST SIGN

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

*[Signature]*

Date

Daytime Phone #

11/5/01 914-428-8191

CR2E040 (8/01)