

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 MAR -7 AM 9:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

P01000018657

1. Corporation Name

Precise Satellite Technology Corp

2. Principal Office Address

2001 NW 55th Ave

3. Mailing Office Address

Suite, Apt. #, etc.

Bldg K

Suite, Apt. #, etc.

City & State

Margate, FL

City & State

Zip

33063

Country

U.S

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

2/19/2001

5. FEI Number

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

Paola Hernandez

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

8060 NW 96th ter

Suite, Apt. #, Etc.

305

City

Tamarac

State

FL

Zip Code

33321

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

Paola Hernandez

REGISTERED AGENT MUST SIGN

Date

1/29/03

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	Paola Hernandez	8060 NW 96th ter #305	Tamarac, FL 33321
D	Alex Serna	8060 NW 96th ter #305	Tamarac, FL 33321
D	Luis H. Hernandez	8090 NW 96th ter #308	Tamarac, FL 33321
S	Fabio Serna	3536 NW 35th st	Coconut creek, FL 33066

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:

Paola Hernandez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/29/03

Daytime Phone #

(954) 448-0669

CR2E081 (10/02)

3/10

2001 NW 55<sup>th</sup> Ave  
Bldg K  
Margate, FL 33063  
954-448-0669

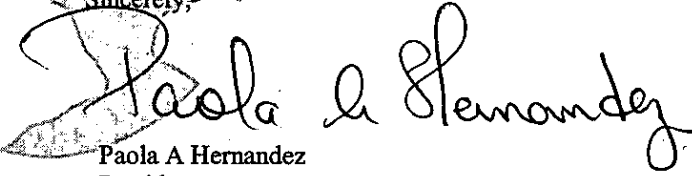
January 29, 2003

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Sir or Madam:

The reason of my letter is to inform you why the corporation was unable to file the annual report in 2002, we moved and our mail was never forwarded. About a week ago we logged in to make some changes and found that the company had been administratively dissolved. When I call your department I was told the reason was because no filing had been done for 2002. Also I was told that maybe the Reinstatement fee of \$600 could be waived. Enclosed is my check for \$300, which is the fee for the past two years.

Sincerely,

  
Paola A Hernandez  
President.