

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 OCT -2 PM 3:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000098327

1. Corporation Name

SATELLITE COMMUNICATIONS GROUP, INC.

REINSTATEMENT 08-09

800161281368
10/02/09--01041--008 **300.00
CR2E081 (12/08)

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

911 SW 86TH AVE

Suite, Apt. #, etc.

City & State

PENBROKE PINES, FL

Zip

33025

Country

BROWARD

3. Mailing Office Address

17649 US HWY 27

Suite, Apt. #, etc.

SUITE 12-B

City & State

CLERMONT, FL

Zip

34715

Country

LAKE

4. Date Incorporated or Qualified
To Do Business in Florida

10.01.01

5. FEI Number

593760676

☐ 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

JASON BECKHOOD

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

41296 DIAMOND TER

Suite, Apt. #, Etc.

City

WESTON

State

FL

Zip Code

33331

☒ 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

Jason Beckhood

REGISTERED AGENT MUST SIGN

Date 9.24.09

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
DP	JEFF BECKHOOD	911 SW 86 TH AVE P-PINES, FL	PENBROKE PINES, FL 33025
V	JASON BECKHOOD	41296 DIAMOND TER	WESTON, FL 33331
T	ALEXIS HOPKINSON	911 SW 86 TH AVE	PENBROKE PINES, FL 33025
M	BARBARA HOPKINSON	911 SW 86 TH AVE	PENBROKE PINES, FL 33025

2010/6

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:

J. Beckhood

JASON BECKHOOD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9.24.09
Date

954.650.4515
Daytime Phone #