

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -3 PM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000091210

1. Corporation Name

E-SATELLITE, INC.

Principal Place of Business

Mailing Address

2012 SW 157 AVE
MIRAMAR FL 33027

2012 SW 157 AVE
MIRAMAR FL 33027

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

08/15/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

Zip

Country

Zip

Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	SEMAAN, JUAN C	2012 SW 157 AVE	MIRAMAR FL 33027

800024391588
11/03/03--01108--025 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SEMAAN, JUAN C
2012 SW 157 AVE
MIRAMAR FL 33027

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/23/03

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 REQUIRED

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/23/03 (951) 895-9336

CR2E040 (7/03)

October 23, 2003

Department of State
Division of Corporations

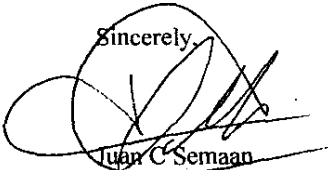
Re: e-Satellite, Inc.

Dear Gentlemen,

Please accept the enclosed check number 2243 in the amount of \$ 150.00 in lieu of the normal reinstatement fee for the above named for-profit corporation. We never received the uniform business report and kindly ask that you accept this request.

Thank you for your attention to this matter. If you should have any questions, please call me at 954-895-9336.

Sincerely,



Juan C. Semaan
President
e-Satellite, Inc.