

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 FEB 10 PM 2:55

DOCUMENT # P02000095866

1. Corporation Name

All Systems Satellite, INC.

2. Principal Office Address

2683 St. Johns Bluff Rd. South

Suite, Apt. #, etc.

Suite 137

City & State

Jacksonville, FL

Zip

32246

Country

U.S.A.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

-

Country

-

4. Date Incorporated or Qualified
To Do Business in Florida

9/5/2002

5. FEI Number

06-1646057

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

(Rick Lewis) Nelson R. Lewis, Jr.

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

2683 St. Johns Bluff Rd. South

Suite, Apt. #, Etc.

Suite 137

City

Jacksonville

State

FL

Zip Code

32246

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

Nelson R. Lewis Jr.

Date

1/14/05

REGISTERED AGENT MUST SIGN

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
President	Nelson R. Lewis, Jr.	2683 St. Johns Bluff Rd. South, Suite 137 Jacksonville, FL 32246	Jacksonville, FL 32246

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:

Nelson R. Lewis Jr.

PRESIDENT

Date

1/14/05 (904) 641-3474

Daytime Phone #

CR2E081 (01/05)