

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1052

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 OCT 17 PM 4:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000119636

1. Corporation Name

SATELLES INC.

Principal Place of Business

Mailing Address

4029 NW 61ST TERRACE
CORAL SPRINGS FL 33067

4029 NW 61ST TERRACE
CORAL SPRINGS FL 33067

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

11/07/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

☒ Applied For

☐ Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---------------|---|--|-------------------------|
| P | RYAN-BLAKE, MAUREEN | 4029 NW 61ST TERRACE | CORAL SPRINGS FL 33067 |
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REINSTATEMENT

8. Name and Address of Current Registered Agent

INCORPORATE USA, INC.
3150 ANDY RIDGE DR.
CLEARWATER FL 33761

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

Coral Springs

FL

33067

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

Maureen Ryan-Blake

REGISTERED AGENT MUST SIGN

Date

10/13/03

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:

Maureen Ryan-Blake
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/13/03

Daytime Phone #

CR2E040 (7/03)



2012

**Commercial Satellite Design and
Installation**

October 13, 2003

Florida Department of State
Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

To Whom It May Concern:

In February 2003, I started my corporation, Satelles Inc., a commercial satellite installation firm. As with most startups, profitability is not expected for the first year; Satelles Inc. is no exception to the rule. Any revenue generated has been reinvested back into the company for equipment and labor.

In addition, as a new owner, I did not receive the prior UBR notices and was unaware that I needed to submit an annual report. I thought my accountant was responsible for all company paperwork.

Under these conditions, I am asking the State of Florida to wave my reinstatement fee of \$150.00.

Enclosed you will find my application for reinstatement.

Thank you for your cooperation.

Sincerely,

A handwritten signature in black ink, appearing to read "Maureen Ryan-Blake", written over a horizontal line.

Maureen Ryan-Blake
President
Satelles Inc