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SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JUL -6 AM 10:59

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000033226

1. Entity Name
SKY SATELLITE SYSTEMS, INC.

Principal Place of Business	Mailing Address
251 NW 37TH STREET POMPANO BEACH, FL 33064-2708 US	251 NW 37TH STREET POMPANO BEACH, FL 33064-2708 US

06292006 REIN-P CR2E096 (11/05)

2. Principal Place of Business		3. Mailing Address	
4987 NE 14 AVENUE		4987 NE 14 AVENUE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: POMPANO BEACH, FL		City & State: POMPANO BEACH, FL	
Zip: 33064	Country: USA	Zip: 33064	Country: USA

4. FEI Number: NOT APPLICABLE — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DIAS, WILSON M 251 NW 37TH STREET POMPANO BEACH, FL 33064-2708	Name: DIAS, WILSON M Street Address (P.O. Box Number is Not Acceptable): 4987 NE 14 AVENUE City: POMPANO BEACH FL Zip Code 33064

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] 07.05.2006
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $900.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DIAS, WILSON M 251 NW 37TH STREET POMPANO BEACH, FL 330642708	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DIAS, WILSON M 4987 NE 14 AVENUE POMPANO BEACH, FL 33064	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	05-06	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 07.05.2006 954.708.2188
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

M. Williams JUL -6 2006

Florida Department of State

Division of Corporations
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From:
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Account Number : I20010000004
Phone : (954)782-1829
Fax Number : (954)782-1899

CORPORATION REINSTATEMENT

SKY SATELLITE SYSTEMS, INC.

Certificate of Status	0
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