


2007 FOR PROFIT CORPORATION REINSTATEMENT

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| DOCUMENT # P03000039025 | |  |
| 1. Entity Name J.P. SATELLITE, INC. | | |

FILED

07 OCT 12 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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| Principal Place of Business 6315 STIRLING RD DAVIE, FL 33314 | Mailing Address 13296 NW 18TH COURT PEMBROKE PINE, FL 33028 |
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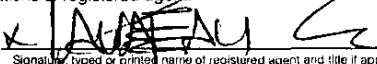
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|---|---|
| 2. Principal Place of Business - No P.O. Box # 5722 S Flamingo Blvd #379 | 3. Mailing Address 5722 S Flamingo Blvd #379 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

09232007 REIN-P CR2E098 (1/07)

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|---------------------------------|---------------------------------|
| City & State Cooper City, FL | City & State Cooper City, FL |
| Zip 33330 | Zip 33330 |
| Country | Country |

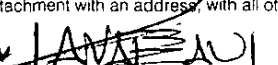
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|---|--------------------------------|
| 4. FEI Number 27-0053558 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent PAVAJEAU, JOHN H 13296 NW 18TH COURT HOLLYWOOD, FL 33028 | |
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| 7. Name and Address of New Registered Agent Name John H PavaJean Street Address (P.O. Box Number is Not Acceptable) 5722 S Flamingo Blvd #379 City Cooper City FL Zip Code 33330 | |
| 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  | DATE 10/04/07 |

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| FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00 | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP PAVAJEAU, JOHN H 13296 NW 18TH COURT PEMBROKE PINE, FL 33028 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 700110728687 10/12/07--01027--008 **150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P PAVAJEAU, JOHN H 13296 NW 18TH COURT PEMBROKE PINE, FL 33028 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5722 S Flamingo Blvd #379 Cooper City, FL 33330 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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| 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:  | DATE 10/04/07 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date Daytime Phone # |