

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
DIVISION OF CORPORATIONS

05 OCT -6 PM 3:33

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P03-000-153044

**1. Corporation Name**

Sosa Satellite Communications Inc.

**2. Principal Office Address**

3923 W. Hamilton Ave.

Suite, Apt. #, etc.

**City & State**

Tampa, Florida

**Zip**

33614

**Country**

U.S.A.

**3. Mailing Office Address**

3923 W. Hamilton Ave.

Suite, Apt. #, etc.

**City & State**

Tampa, Florida

**Zip**

33614

**Country**

U.S.A.

**REINSTATEMENT** 04-05

CR2E081 (8/05)

**4. Date Incorporated or Qualified  
To Do Business in Florida**

12/18/03

**5. FEI Number**  
030528724

☐ 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  
Alain Sosa Esquivel

Street Address (P.O. Box Number is Not Acceptable)  
3923 W. Hamilton Ave.

Suite, Apt. #, Etc.

City  
Tampa

300060308423  
10/06/05 01061-001 \*\*\*300.00  
FL 33614

**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

REGISTERED AGENT MUST SIGN

Date

10/3/05

**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**

P/D  
Alain Sosa Esquivel

3923 W Hamilton Ave

Tampa, Florida 33614

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/3/05

Daytime Phone #

(813)  
249-5150

2 of 2

10/03/2005

Department of State, Division of Corporations,

SUBJECT: TO REQUEST A WAVIER

DOCUMENT # P03-000-153044

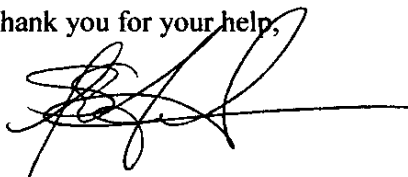
Today I Alain Sosa went to the Bureau of compliance in Tampa, Florida. I went to file my exemption application.

I was told to call the corporation annual reports telephone number 1-850-245-6056 to activate my corporation. The lady I spoke to told me I had to go to [www.sunbiz.org](http://www.sunbiz.org) to download a form. She told me I had to pay \$150.00 for 2004 and \$150.00 for 2005. She informed me that I should have received a post-card in the mail. I told her that I haven't got this post-card.

I am no longer having the person I use to pay to do all my paper-work for me --I will file everything on my own. I filed for the corporation Sosa Satellite Communications Inc., in 12/18/03 however, I didn't begin working as the corporation until 01/2005.

I am enclosing \$300.00. Please activate my corporation and if all possible please could I have a waiver.

Thank you for your help,



Alain Sosa Esquivel,  
Sosa Satellite Communications Inc.  
3923 W Hamilton Ave.  
Tampa, Florida 33614  
(813) 249-5150