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| APPLICATION<br>FOR<br>REINSTATEMENT | FLORIDA DEPARTMENT OF STATE<br>Sandra M. Northam<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|-------------------------------------|----------------------------------------------------------------------------------------------------|

DOCUMENT # P94000071245

1. Corporation Name

Satellite Technology, Inc.

1998 DEC 17 PM 12:48  
SCCSECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

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SCC 12-17-98

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                |                                                                                 |  |                                                                                                                                                                                                               |          |                                                                                                                |      |           |  |                |                                |  |                |                            |  |                                                                                                                                                                                                                                                                                                                  |  |  |  |           |  |                                                              |          |  |  |                    |  |  |                    |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|---------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------------------------------------------------------------------------------------------------------------|------|-----------|--|----------------|--------------------------------|--|----------------|----------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|-----------|--|--------------------------------------------------------------|----------|--|--|--------------------|--|--|--------------------|--|--|
| Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                | Mailing Address                                                                 |  | 3. Date Incorporated or Qualified<br>9/26/94                                                                                                                                                                  |          | 4a. Date of Last Report                                                                                        |      |           |  |                |                                |  |                |                            |  |                                                                                                                                                                                                                                                                                                                  |  |  |  |           |  |                                                              |          |  |  |                    |  |  |                    |  |  |
| 2. Principal Place of Business<br>21 2000 PGA Boulevard, Suite 2100<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                | 2a. Mailing Address<br>21 2000 PGA Boulevard, Suite 2100<br>Suite, Apt. #, etc. |  | 4. FEI Number<br>65-0568349                                                                                                                                                                                   |          | Applied Fee<br>Not Applied                                                                                     |      |           |  |                |                                |  |                |                            |  |                                                                                                                                                                                                                                                                                                                  |  |  |  |           |  |                                                              |          |  |  |                    |  |  |                    |  |  |
| 2b. City & State<br>21 North Palm Beach FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                | 2a. City & State<br>21 North Palm Beach FL                                      |  | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                                                                                                                      |          | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> \$8.00 May Be Added to Fees |      |           |  |                |                                |  |                |                            |  |                                                                                                                                                                                                                                                                                                                  |  |  |  |           |  |                                                              |          |  |  |                    |  |  |                    |  |  |
| 2c. Zip<br>21 33408                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                | 2a. Zip<br>21 33408                                                             |  | 7. This corporation has liability for intangible tax under<br>§ 199.032, Florida Statute <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                  |          |                                                                                                                |      |           |  |                |                                |  |                |                            |  |                                                                                                                                                                                                                                                                                                                  |  |  |  |           |  |                                                              |          |  |  |                    |  |  |                    |  |  |
| 9. Name and Address of Current Registered Agent<br>Dan Dyack<br>1931 Bonar Road<br>North Palm Beach, FL 33408                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                |                                                                                 |  | 10. Name and Address of New Registered Agent<br>91 Name<br>Dan Dyack<br>92 Street Address (P.O. Box Number is Not Acceptable)<br>2000 PGA Boulevard, Suite 2100<br>93<br>94 City<br>North Palm Beach FL 33408 |          |                                                                                                                |      |           |  |                |                                |  |                |                            |  |                                                                                                                                                                                                                                                                                                                  |  |  |  |           |  |                                                              |          |  |  |                    |  |  |                    |  |  |
| 11. I, <u>Robert M. Northam</u> , Florida Secretary of State, the above-named corporation submits this statement for the purpose of changing its registered agent, as both, in the State of Florida, duly authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0305, Florida Statutes.                                                                                                                                                                                                    |                                |                                                                                 |  |                                                                                                                                                                                                               |          |                                                                                                                |      |           |  |                |                                |  |                |                            |  |                                                                                                                                                                                                                                                                                                                  |  |  |  |           |  |                                                              |          |  |  |                    |  |  |                    |  |  |
| SIGNATURE <u>Robert M. Northam</u> DATE <u>Dec. 15, 98</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                |                                                                                 |  |                                                                                                                                                                                                               |          |                                                                                                                |      |           |  |                |                                |  |                |                            |  |                                                                                                                                                                                                                                                                                                                  |  |  |  |           |  |                                                              |          |  |  |                    |  |  |                    |  |  |
| 12. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                |                                                                                 |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                                                                                                                                                         |          |                                                                                                                |      |           |  |                |                                |  |                |                            |  |                                                                                                                                                                                                                                                                                                                  |  |  |  |           |  |                                                              |          |  |  |                    |  |  |                    |  |  |
| <table border="1"> <tr> <td>TITLE</td> <td>Director</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>Dan Dyack</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2000 PGA Boulevard, Suite 2100</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td>North Palm Beach, FL 33408</td> <td></td> </tr> </table>                                                                                                                                                                                                                                                                 |                                |                                                                                 |  | TITLE                                                                                                                                                                                                         | Director | <input type="checkbox"/> DELETE                                                                                | NAME | Dan Dyack |  | STREET ADDRESS | 2000 PGA Boulevard, Suite 2100 |  | CITY-STATE-ZIP | North Palm Beach, FL 33408 |  | <table border="1"> <tr> <td>1.1 TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Add</td> </tr> <tr> <td>1.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>1.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>1.4 CITY-STATE-ZIP</td> <td></td> <td></td> </tr> </table> |  |  |  | 1.1 TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Add | 1.2 NAME |  |  | 1.3 STREET ADDRESS |  |  | 1.4 CITY-STATE-ZIP |  |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Director                       | <input type="checkbox"/> DELETE                                                 |  |                                                                                                                                                                                                               |          |                                                                                                                |      |           |  |                |                                |  |                |                            |  |                                                                                                                                                                                                                                                                                                                  |  |  |  |           |  |                                                              |          |  |  |                    |  |  |                    |  |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Dan Dyack                      |                                                                                 |  |                                                                                                                                                                                                               |          |                                                                                                                |      |           |  |                |                                |  |                |                            |  |                                                                                                                                                                                                                                                                                                                  |  |  |  |           |  |                                                              |          |  |  |                    |  |  |                    |  |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 2000 PGA Boulevard, Suite 2100 |                                                                                 |  |                                                                                                                                                                                                               |          |                                                                                                                |      |           |  |                |                                |  |                |                            |  |                                                                                                                                                                                                                                                                                                                  |  |  |  |           |  |                                                              |          |  |  |                    |  |  |                    |  |  |
| CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | North Palm Beach, FL 33408     |                                                                                 |  |                                                                                                                                                                                                               |          |                                                                                                                |      |           |  |                |                                |  |                |                            |  |                                                                                                                                                                                                                                                                                                                  |  |  |  |           |  |                                                              |          |  |  |                    |  |  |                    |  |  |
| 1.1 TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                | <input type="checkbox"/> Change <input type="checkbox"/> Add                    |  |                                                                                                                                                                                                               |          |                                                                                                                |      |           |  |                |                                |  |                |                            |  |                                                                                                                                                                                                                                                                                                                  |  |  |  |           |  |                                                              |          |  |  |                    |  |  |                    |  |  |
| 1.2 NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                |                                                                                 |  |                                                                                                                                                                                                               |          |                                                                                                                |      |           |  |                |                                |  |                |                            |  |                                                                                                                                                                                                                                                                                                                  |  |  |  |           |  |                                                              |          |  |  |                    |  |  |                    |  |  |
| 1.3 STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                |                                                                                 |  |                                                                                                                                                                                                               |          |                                                                                                                |      |           |  |                |                                |  |                |                            |  |                                                                                                                                                                                                                                                                                                                  |  |  |  |           |  |                                                              |          |  |  |                    |  |  |                    |  |  |
| 1.4 CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                |                                                                                 |  |                                                                                                                                                                                                               |          |                                                                                                                |      |           |  |                |                                |  |                |                            |  |                                                                                                                                                                                                                                                                                                                  |  |  |  |           |  |                                                              |          |  |  |                    |  |  |                    |  |  |
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| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Director                       | <input type="checkbox"/> DELETE                                                 |  |                                                                                                                                                                                                               |          |                                                                                                                |      |           |  |                |                                |  |                |                            |  |                                                                                                                                                                                                                                                                                                                  |  |  |  |           |  |                                                              |          |  |  |                    |  |  |                    |  |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Bob Dyack                      |                                                                                 |  |                                                                                                                                                                                                               |          |                                                                                                                |      |           |  |                |                                |  |                |                            |  |                                                                                                                                                                                                                                                                                                                  |  |  |  |           |  |                                                              |          |  |  |                    |  |  |                    |  |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 2000 PGA Boulevard, Suite 2100 |                                                                                 |  |                                                                                                                                                                                                               |          |                                                                                                                |      |           |  |                |                                |  |                |                            |  |                                                                                                                                                                                                                                                                                                                  |  |  |  |           |  |                                                              |          |  |  |                    |  |  |                    |  |  |
| CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | North Palm Beach, FL 33408     |                                                                                 |  |                                                                                                                                                                                                               |          |                                                                                                                |      |           |  |                |                                |  |                |                            |  |                                                                                                                                                                                                                                                                                                                  |  |  |  |           |  |                                                              |          |  |  |                    |  |  |                    |  |  |
| 2.1 TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                | <input type="checkbox"/> Change <input type="checkbox"/> Add                    |  |                                                                                                                                                                                                               |          |                                                                                                                |      |           |  |                |                                |  |                |                            |  |                                                                                                                                                                                                                                                                                                                  |  |  |  |           |  |                                                              |          |  |  |                    |  |  |                    |  |  |
| 2.2 NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                |                                                                                 |  |                                                                                                                                                                                                               |          |                                                                                                                |      |           |  |                |                                |  |                |                            |  |                                                                                                                                                                                                                                                                                                                  |  |  |  |           |  |                                                              |          |  |  |                    |  |  |                    |  |  |
| 2.3 STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                |                                                                                 |  |                                                                                                                                                                                                               |          |                                                                                                                |      |           |  |                |                                |  |                |                            |  |                                                                                                                                                                                                                                                                                                                  |  |  |  |           |  |                                                              |          |  |  |                    |  |  |                    |  |  |
| 2.4 CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                |                                                                                 |  |                                                                                                                                                                                                               |          |                                                                                                                |      |           |  |                |                                |  |                |                            |  |                                                                                                                                                                                                                                                                                                                  |  |  |  |           |  |                                                              |          |  |  |                    |  |  |                    |  |  |
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| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                | <input type="checkbox"/> DELETE                                                 |  |                                                                                                                                                                                                               |          |                                                                                                                |      |           |  |                |                                |  |                |                            |  |                                                                                                                                                                                                                                                                                                                  |  |  |  |           |  |                                                              |          |  |  |                    |  |  |                    |  |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                |                                                                                 |  |                                                                                                                                                                                                               |          |                                                                                                                |      |           |  |                |                                |  |                |                            |  |                                                                                                                                                                                                                                                                                                                  |  |  |  |           |  |                                                              |          |  |  |                    |  |  |                    |  |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                |                                                                                 |  |                                                                                                                                                                                                               |          |                                                                                                                |      |           |  |                |                                |  |                |                            |  |                                                                                                                                                                                                                                                                                                                  |  |  |  |           |  |                                                              |          |  |  |                    |  |  |                    |  |  |
| CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                |                                                                                 |  |                                                                                                                                                                                                               |          |                                                                                                                |      |           |  |                |                                |  |                |                            |  |                                                                                                                                                                                                                                                                                                                  |  |  |  |           |  |                                                              |          |  |  |                    |  |  |                    |  |  |
| 3.1 TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                | <input type="checkbox"/> Change <input type="checkbox"/> Add                    |  |                                                                                                                                                                                                               |          |                                                                                                                |      |           |  |                |                                |  |                |                            |  |                                                                                                                                                                                                                                                                                                                  |  |  |  |           |  |                                                              |          |  |  |                    |  |  |                    |  |  |
| 3.2 NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                |                                                                                 |  |                                                                                                                                                                                                               |          |                                                                                                                |      |           |  |                |                                |  |                |                            |  |                                                                                                                                                                                                                                                                                                                  |  |  |  |           |  |                                                              |          |  |  |                    |  |  |                    |  |  |
| 3.3 STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                |                                                                                 |  |                                                                                                                                                                                                               |          |                                                                                                                |      |           |  |                |                                |  |                |                            |  |                                                                                                                                                                                                                                                                                                                  |  |  |  |           |  |                                                              |          |  |  |                    |  |  |                    |  |  |
| 3.4 CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                |                                                                                 |  |                                                                                                                                                                                                               |          |                                                                                                                |      |           |  |                |                                |  |                |                            |  |                                                                                                                                                                                                                                                                                                                  |  |  |  |           |  |                                                              |          |  |  |                    |  |  |                    |  |  |
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| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                | <input type="checkbox"/> DELETE                                                 |  |                                                                                                                                                                                                               |          |                                                                                                                |      |           |  |                |                                |  |                |                            |  |                                                                                                                                                                                                                                                                                                                  |  |  |  |           |  |                                                              |          |  |  |                    |  |  |                    |  |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                |                                                                                 |  |                                                                                                                                                                                                               |          |                                                                                                                |      |           |  |                |                                |  |                |                            |  |                                                                                                                                                                                                                                                                                                                  |  |  |  |           |  |                                                              |          |  |  |                    |  |  |                    |  |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                |                                                                                 |  |                                                                                                                                                                                                               |          |                                                                                                                |      |           |  |                |                                |  |                |                            |  |                                                                                                                                                                                                                                                                                                                  |  |  |  |           |  |                                                              |          |  |  |                    |  |  |                    |  |  |
| CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                |                                                                                 |  |                                                                                                                                                                                                               |          |                                                                                                                |      |           |  |                |                                |  |                |                            |  |                                                                                                                                                                                                                                                                                                                  |  |  |  |           |  |                                                              |          |  |  |                    |  |  |                    |  |  |
| 4.1 TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                | <input type="checkbox"/> Change <input type="checkbox"/> Add                    |  |                                                                                                                                                                                                               |          |                                                                                                                |      |           |  |                |                                |  |                |                            |  |                                                                                                                                                                                                                                                                                                                  |  |  |  |           |  |                                                              |          |  |  |                    |  |  |                    |  |  |
| 4.2 NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                |                                                                                 |  |                                                                                                                                                                                                               |          |                                                                                                                |      |           |  |                |                                |  |                |                            |  |                                                                                                                                                                                                                                                                                                                  |  |  |  |           |  |                                                              |          |  |  |                    |  |  |                    |  |  |
| 4.3 STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                |                                                                                 |  |                                                                                                                                                                                                               |          |                                                                                                                |      |           |  |                |                                |  |                |                            |  |                                                                                                                                                                                                                                                                                                                  |  |  |  |           |  |                                                              |          |  |  |                    |  |  |                    |  |  |
| 4.4 CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                |                                                                                 |  |                                                                                                                                                                                                               |          |                                                                                                                |      |           |  |                |                                |  |                |                            |  |                                                                                                                                                                                                                                                                                                                  |  |  |  |           |  |                                                              |          |  |  |                    |  |  |                    |  |  |
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| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                | <input type="checkbox"/> DELETE                                                 |  |                                                                                                                                                                                                               |          |                                                                                                                |      |           |  |                |                                |  |                |                            |  |                                                                                                                                                                                                                                                                                                                  |  |  |  |           |  |                                                              |          |  |  |                    |  |  |                    |  |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                |                                                                                 |  |                                                                                                                                                                                                               |          |                                                                                                                |      |           |  |                |                                |  |                |                            |  |                                                                                                                                                                                                                                                                                                                  |  |  |  |           |  |                                                              |          |  |  |                    |  |  |                    |  |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                |                                                                                 |  |                                                                                                                                                                                                               |          |                                                                                                                |      |           |  |                |                                |  |                |                            |  |                                                                                                                                                                                                                                                                                                                  |  |  |  |           |  |                                                              |          |  |  |                    |  |  |                    |  |  |
| CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                |                                                                                 |  |                                                                                                                                                                                                               |          |                                                                                                                |      |           |  |                |                                |  |                |                            |  |                                                                                                                                                                                                                                                                                                                  |  |  |  |           |  |                                                              |          |  |  |                    |  |  |                    |  |  |
| 5.1 TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                | <input type="checkbox"/> Change <input type="checkbox"/> Add                    |  |                                                                                                                                                                                                               |          |                                                                                                                |      |           |  |                |                                |  |                |                            |  |                                                                                                                                                                                                                                                                                                                  |  |  |  |           |  |                                                              |          |  |  |                    |  |  |                    |  |  |
| 5.2 NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                |                                                                                 |  |                                                                                                                                                                                                               |          |                                                                                                                |      |           |  |                |                                |  |                |                            |  |                                                                                                                                                                                                                                                                                                                  |  |  |  |           |  |                                                              |          |  |  |                    |  |  |                    |  |  |
| 5.3 STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                |                                                                                 |  |                                                                                                                                                                                                               |          |                                                                                                                |      |           |  |                |                                |  |                |                            |  |                                                                                                                                                                                                                                                                                                                  |  |  |  |           |  |                                                              |          |  |  |                    |  |  |                    |  |  |
| 5.4 CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                |                                                                                 |  |                                                                                                                                                                                                               |          |                                                                                                                |      |           |  |                |                                |  |                |                            |  |                                                                                                                                                                                                                                                                                                                  |  |  |  |           |  |                                                              |          |  |  |                    |  |  |                    |  |  |
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| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                | <input type="checkbox"/> DELETE                                                 |  |                                                                                                                                                                                                               |          |                                                                                                                |      |           |  |                |                                |  |                |                            |  |                                                                                                                                                                                                                                                                                                                  |  |  |  |           |  |                                                              |          |  |  |                    |  |  |                    |  |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                |                                                                                 |  |                                                                                                                                                                                                               |          |                                                                                                                |      |           |  |                |                                |  |                |                            |  |                                                                                                                                                                                                                                                                                                                  |  |  |  |           |  |                                                              |          |  |  |                    |  |  |                    |  |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                |                                                                                 |  |                                                                                                                                                                                                               |          |                                                                                                                |      |           |  |                |                                |  |                |                            |  |                                                                                                                                                                                                                                                                                                                  |  |  |  |           |  |                                                              |          |  |  |                    |  |  |                    |  |  |
| CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                |                                                                                 |  |                                                                                                                                                                                                               |          |                                                                                                                |      |           |  |                |                                |  |                |                            |  |                                                                                                                                                                                                                                                                                                                  |  |  |  |           |  |                                                              |          |  |  |                    |  |  |                    |  |  |
| 6.1 TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                | <input type="checkbox"/> Change <input type="checkbox"/> Add                    |  |                                                                                                                                                                                                               |          |                                                                                                                |      |           |  |                |                                |  |                |                            |  |                                                                                                                                                                                                                                                                                                                  |  |  |  |           |  |                                                              |          |  |  |                    |  |  |                    |  |  |
| 6.2 NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                |                                                                                 |  |                                                                                                                                                                                                               |          |                                                                                                                |      |           |  |                |                                |  |                |                            |  |                                                                                                                                                                                                                                                                                                                  |  |  |  |           |  |                                                              |          |  |  |                    |  |  |                    |  |  |
| 6.3 STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                |                                                                                 |  |                                                                                                                                                                                                               |          |                                                                                                                |      |           |  |                |                                |  |                |                            |  |                                                                                                                                                                                                                                                                                                                  |  |  |  |           |  |                                                              |          |  |  |                    |  |  |                    |  |  |
| 6.4 CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                |                                                                                 |  |                                                                                                                                                                                                               |          |                                                                                                                |      |           |  |                |                                |  |                |                            |  |                                                                                                                                                                                                                                                                                                                  |  |  |  |           |  |                                                              |          |  |  |                    |  |  |                    |  |  |
| 14. I do hereby certify that the information supplied with this filing does not violate the exemption stated in Section 199.07(3)(c), Florida Statutes. I further verify that the information indicated as true among reports or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made and sworn to by me as officer or director of the corporation or the officer or director empowered to execute this report as required by Chapter 607, Florida Statutes; and if my name appears in Block 12 or Block 13, or on attachments with an address. |                                |                                                                                 |  |                                                                                                                                                                                                               |          |                                                                                                                |      |           |  |                |                                |  |                |                            |  |                                                                                                                                                                                                                                                                                                                  |  |  |  |           |  |                                                              |          |  |  |                    |  |  |                    |  |  |
| SIGNATURE <u>Robert M. Northam</u> DATE <u>Dec. 15, 98</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                |                                                                                 |  |                                                                                                                                                                                                               |          |                                                                                                                |      |           |  |                |                                |  |                |                            |  |                                                                                                                                                                                                                                                                                                                  |  |  |  |           |  |                                                              |          |  |  |                    |  |  |                    |  |  |

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Tuesday, December 15, 1998

Division of Corporations

Page: 2

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Fax Number : (850) 922-4004

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.  
Account Number : 110432003053  
Phone : (305) 672-0686  
Fax Number : (305) 672-9110

**CORPORATION REINSTATEMENT**  
**SATELLITE TECHNOLOGY, INC.**

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