

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 MAR 28 AM 9:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # PA10000067916

1. Corporation Name

Starsat Inc.

2. Principal Office Address

8193 NW 74th Ave

Suite, Apt. #, etc.

None

City & State

Miami, FL

Zip

33166

Country

USA

3. Mailing Office Address

8193 NW 74th Ave

Suite, Apt. #, etc.

None

City & State

Miami, FL

Zip

33166

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

Oct. 6

1996

5. FEI Number

65-0690792

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT**

**7. Name and Address of Current Registered Agent**

Name

Susie Johnson

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

140 Lenape Dr.

Suite, Apt. #, Etc.

None

City

Miami Springs FL

State

FL

Zip Code

33166

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Susie Johnson*

REGISTERED AGENT MUST SIGN

Date Feb 7, 2001

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Susie Johnson	140 Lenape Dr.	Miami Springs, FL 33166
VP	Gerry Clark	140 Lenape Dr.	Miami Springs, FL 33166
Sec.	La Jead Reed	10775 SW 146 Ter	Miami, FL 33176

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*Susie Johnson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 7, 2001

Date

305-884-6610

Daytime Phone #

CR2E081 (9/99)