

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000078919

1 Corporation Name  
SOUTHEAST SATELLITE COMMUNICATIONS, Inc

Principal Place of Business Mailing Address

112 NE 88th Street  
El Portal, Fl. 33138

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable

7370 NW 36th Street

Suite, Apt. #, etc.  
Suite # 408

City & State  
Miami, Fl

Zip  
33166

Country  
US

3. New Mailing Address, If Applicable

7370 NW 36th Street

Suite, Apt. #, etc.  
Suite #408

City & State  
Miami, Fl.

Zip  
33166

Country  
US

FILED

99 FEB 18 PM 1:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

97-99  
204  
2/18/99

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified  
To Do Business in Florida

sep. 20th. 1996

5. FEI Number

65-0696976

Applied For

Not Applicable

6

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
2			
Pres	Daniel M. Lopez	7000 Southgate blvd.	Tamarac, Fl. 33321
Sec.	Marcela A. Cressi	112 NE 88th St.	El Portal, Fl. 33138

8. Name and Address of Current Registered Agent

Marcela A. Cressi  
112 NE 88th Street.  
El Portal Fl. 33138

9. Name and Address of New Registered Agent

Name  
Daniel M. Lopez  
Street Address (P.O. Box Number is Not Acceptable)  
7000 Southgate Blvd  
Suite, Apt. #, Etc.  
#201  
City  
TAMARAC  
State  
FL  
Zip Code  
33321

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 2-17-99

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information  
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-99

Date

Daytime Phone #

CR2040 (12/95)