

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 # P96000081774

1. Corporation Name

U.S.A. SATELLITE AND ENTERTAINMENT, INC.

Principal Place of Business

Mailing Address

3301 E SILVER SPRINGS BLVD #H  
OCALA FL 34470

3301 E SILVER SPRINGS BLVD #H  
OCALA FL 34470

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

2. New Principal Office Address, If Applicable

1019 E. Silver Springs Blvd  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Same  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

09/30/1996

5. FEI Number

59-3422029

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DPT	BLANTON, CHARLES T	8930 COUNTY RD 16A	ST AUGUSTINE FL 32092
DVS	BRIGGS, RICHARD P	8930 COUNTY RD 16A	ST AUGUSTINE FL 32092
			500002432315-9 -01/07/98-01043-005 ***750.00 ***750.00

8. Name and Address of Current Registered Agent

BRIGGS, RICHARD P  
8930 COUNTY RD 16A  
ST AUGUSTINE FL 32092

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Signature of  
Registered Agent

Richard P. Briggs →  
REGISTERED AGENT

Date 11-01-97

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information  
on Intangible tax.)

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles Blanton

Date

Daytime Phone #

11-01-97

352-690-1998

FILED

98 JAN -2 AM 9:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 97

CR2E040 (8/97)