

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 AUG 31 PM 12: 25

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P 970 000 011 19**

1. Corporation Name

SAT PROPERTIES, INC.

2. Principal Office Address

201 ATP-TOUR BLVD.

3. Mailing Office Address

P.O. Box 1936

Suite, Apt. #, etc.

162

Suite, Apt. #, etc.

City & State

PONTE VEDRA BCH. FL

City & State

PONTE VEDRA BEACH, FL

Zip

32082

Country

Zip

32004

Country

REINSTATEMENT

9400

4. Date Incorporated or Qualified
To Do Business in Florida

12/31/1996

5. FEI Number

59-3424602

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JUERGEN BOETTER

100003389881-7

-09/12/00-01050-017

******908.75 ****008.75**

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

201 ATP-TOUR BLVD # 162

P.O. Box 1936

Suite, Apt. #, Etc.

P.V.B. FL 32004

City

PONTE VEDRA BEACH

State

FL

Zip Code

32082

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

[Signature]

Date **08/28/00**

REGISTERED AGENT MUST SIGN

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
PTS	FRANZ-JOSEF LOESEKE	RUEBEZAH WEG 6	40235 DUESSELDORF GERMANY
			KE

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

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

08/28/00

Daytime Phone #

904-273-0708

CR2001 (9/99)