

11/21/2003 10:53 8138715922
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LVALENTI PA
PRIMESTAR

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 NOV 14 AM 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P87000032158			
1. Corporation Name PRIMESTAR FIELD SERVICES			
2. Principal Office Address 3408 W. IDLEWILD AVE.		3. Mailing Office Address SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State TAMPA, FL		City & State	
Zip 22614	Country Hillaborough	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida 4/8/97		5. FEI Number 59344572	
Applied For <input type="checkbox"/>		Not Applicable <input type="checkbox"/>	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>			

11/14/03 01011031 450.00

7. Name and Address of Current Registered Agent			
Name JOHN J. RYALS			
Street Address (P.O. Box Number is Not Acceptable) 3408 W. IDLEWILD AVE.			
Suite, Apt. #, Etc.			
City TAMPA	State FL	Zip Code 33614	

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0605 or 817.0603, F.S.

Signature of Registered Agent _____ Date _____

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (For this nonprofit corporation must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	JOHN J. RYALS	3408 W. IDLEWILD AVE.	TAMPA, FL 33614

REINSTATEMENT 03 TS

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 807 or 817, 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 807.0401 or 817.0401, F.S., that all fees owed by the corporation have been paid, and the names of persons who are listed on this form do not qualify for an exemption under section 119.07(3)(b), 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 TYPE OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR

11/7/03 813-871-5646

Byname Phone #

CREATED (1/10/03)

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paperwork

November 7, 2003

Department of State
Division of Corporations
Attn: Reinstatement
P.O. Box 6327
Tallahassee, FL 32314

RE: Primestar Field Services
Doc. # P97000032158

Dear Sir or Madam:

Enclosed please find the original reinstatement form for the aforementioned corporation. Also enclosed is a check for \$450.00. I hereby request a waiver of the reinstatement fee as I never received a notice of dissolution, annual report, or any other paperwork. This may be due to the fact that this corporation has relocated to a new address.

Sincerely,


John J. Ryals
Director