

11/21/2003 10:53 8138715922  
11/21/2003 11:36 8139715647

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PRIMESTAR

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FILED

03 NOV 14 AM 11:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>CORPORATION REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P87000032158</b>			
1. Corporation Name <b>PRIMESTAR FIELD SERVICES</b>			
2. Principal Office Address <b>3408 W. IDLEWILD AVE.</b>		3. Mailing Office Address <b>SAME</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>TAMPA, FL</b>		City & State	
Zip <b>22614</b>	Country <b>Hillaborough</b>	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida <b>4/8/97</b>		5. FEI Number <b>59344572</b>	
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 <b>JOHN J. RYALS</b>			
Street Address (P.O. Box Number is Not Acceptable) <b>3408 W. IDLEWILD AVE.</b>			
Suite, Apt. #, Etc.			
City <b>TAMPA</b>	State <b>FL</b>	Zip Code <b>33614</b>	

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 TITLE OF PRINTED NAME OF OWNER, 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