


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> <u>997000059642</u>			
<b>1. Corporation Name</b> <u>21<sup>ST</sup> CENTURY SATELLITE COMMUNICATIONS INC</u> <u>3110 CHERRY PALM DR</u>			
<b>2. Principal Office Address</b> <u>3925 COCONUT PALM DR</u>		<b>3. Mailing Office Address</b> <u>SAME</u>	
Suite, Apt. #, etc. <u>STE 119</u>		Suite, Apt. #, etc. ---	
City & State <u>TAMPA FL</u>		City & State ---	
Zip <u>33619</u>	Country <u>HILLS</u>	Zip ---	Country ---
<b>4. Date Incorporated or Qualified To Do Business in Florida</b> <u>2001</u>		<b>5. FEI Number</b> <u>59-3453476</u>	
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee required for a Certificate of Status</b>	

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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<b>7. Name and Address of Current Registered Agent</b>	
Name <u>ROBERT S. BYRCH</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>3925 COCONUT PALM DRIVE</u>	
Suite, Apt. #, Etc. <u>SUITE 119,</u>	
City <u>TAMPA, FLORIDA. 33619.</u>	State <u>FL</u> Zip Code <u>33619</u>

<b>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.</b>			
Signature of Registered Agent <u>[Signature]</u>		Date <u>8-13-01</u>	
REGISTERED AGENT MUST SIGN			
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	ROBERT BYRCH	28602 HANNAH MOSSER	WESTLY CHAPEL, FL 33543
VD	SPENCER TYRRELL	4011 BRIDRY AVE	TAMPA FL 33624
V	DONALD IRELAND	11301 MONTCLAM RD	SPRINGHILL FL 33606
TS	GABRIEL PANEPINTO	3901 AMLETREE DR	VALRICO FL 33594

<b>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.</b>		
SIGNATURE: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<u>(ROBERT S. BYRCH PRES.)</u> Date <u>9/13/01</u>	Daytime Phone # <u>813-620-4788</u>